



Student Lunch Program Volunteer For students in Grades 4 - 8.

Name of Student/s _____

has/have permission to work in the school cafeteria during the 2015-16 school term. Students will be assigned to work on a rotating schedule.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian's Name: _____

(Please print)

Please return this completed and signed form to the school office.