LSI Lunchtime Solutions, Inc.™

Creative Solutions to School Food Service™

New Family Information:

Parents Names _____
(Please list full names of both parents and/or guardian of student or students)

Address: (where student residents) _____
(City, State, and Zip Code)

Optional Address: _____
(City, State, and Zip Code)

Telephone Numbers:
Home: (___)_____ Parents: Mother (___)_____ Father (___)_____
Cell (___)_____ Cell (___)_____
Work (___)_____ Work (___)_____

Daytime number in case children need lunch money (___)_____

Please list children:

Name of Students	*DOB*	*School Attending*	*Grade*	*Sex*	*$ Amount for lunch deposit*
				M F	$_____Ck# or Cash
				M F	$_____Ck# or Cash
				M F	$_____Ck# or Cash
				M F	$_____Ck# or Cash
				M F	$_____Ck# or Cash
				M F	$_____Ck# or Cash