

**Addison Northeast Foodservice Cooperative**  
**Family Registration Form**



Please complete this form so we may have the information necessary to communicate with you about meals at school. List **all students in your family** and fill out **one** form.

**SCHOOL:** \_\_\_\_\_

**ANESU**  
**Food Service**  
**Cooperative**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent/Guardian responsible for food service payments:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) Phone: \_\_\_\_\_ (cell)

E-mail \_\_\_\_\_

**School Meals:**

Please let us know what school meals you are planning to pay for:

(Meals include at least three food items **plus** a fruit or vegetable)

\_\_\_\_\_ Breakfast \$1.25

\_\_\_\_\_ Lunch \$2.25

**A la Carte Items:** Please let us know if your student has your permission to purchase a la carte items.

**Check those items your student may purchase.**

\_\_\_\_\_ Milk alone \$.50

**FOR HIGH SCHOOL ONLY:**

\_\_\_\_\_ Second meals

\_\_\_\_\_ Individual food items that **do not** make a complete meal (i.e. just one slice of pizza)

\_\_\_\_\_ A la Carte drinks and snack items. (we offer a limited selection of sugar free drinks and low fat snack items at Mt. Abraham.)

Does your child have any specific food allergies that we should be aware of? Please list them below along with a brief description of the severity of the allergy and any accommodations that you would like us to make. We may ask you for further information as well as medical documentation of the food allergy.

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**PLEASE RETURN TO THE SCHOOL FOOD SERVICE PROGRAM at your school BY**  
**SEPT. 5, 2012**