



## Opt-Out of Free/Reduced Price Meal Benefits

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS  
(Rev. 11/24)

Date

### Free or Reduced Price Meal Benefits Opt-Out Form

I do not want my student to receive the free/reduced price benefits for meals at school. I will pay the full price for all meals, snacks and drinks for my student(s). Thank you.

☐ **No! I DO NOT** want Free and Reduced Price School Meals. My student's meal account will be funded to pay the full price set by the school board for all meals.

**If you checked no, fill out the information below:**

Child's Name:	School District:
Child's Name:	School District:
Child's Name:	School District:
Child's Name:	School District:
Child's Name:	School District:

Signature of Parent/Guardian:	Printed Name:
Mailing Address:	
Date:	

**For more information, you may call:**

Name:	Phone Number:
-------	---------------

**Return this form to:**

**By:**

Address or Email:	Date:
-------------------	-------

This institution is an equal opportunity provider