



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