



Houston County Child Nutrition
Eat Right – Future Bright

Request Form for Houston County School Meal Pick-up

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

_____ Yes, I plan to pick up meals for my child/children every Monday & Wednesday between 4:00 PM & 5:30 PM. If for any reason I am not able to pick the meals up, I will call my child's school cafeteria by 9:00 AM.

_____ Yes, I understand that my child will need to log in to the remote learning program daily and be counted present for the days I receive meals.

Please return or email this form to your child's school by Friday, August 14, 2020. This form can also be faxed to Attn: Tina Manners at 931-289-5543. Thank you.

_____ Date _____

Parent/Guardian Signature

This Institution is an Equal Opportunity Provider.