**LAKEWOOD BOARD OF EDUCATION**

Please complete this Form before arrival or as you wait. The Form is to help you calculate how many meals you may ask for. Completion of this Form in advance will allow the Board to anticipate the number of meals needed and to lessen the wait time.

(Please retain this Form so you need not calculate the number of meals weekly.) **It should also be understood that you can only receive meals for your children – NOT for a friend, relative’s children, neighbor, etc.**

The food box being distributed is for all Lakewood resident children age 18 and under, or, if the child is Eligible for Special Education until age 21

**Resident children can ONLY receive meals on days that they are NOT already receiving meals anywhere else.**

**Please complete this form so we can determine how many meals your family is eligible for:**

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **PLEASE LIST CHILDREN IN YOUR HOUSEHOLD, ONLY 18 YEARS AND YOUNGER REQUESTING MEALS** | | | | |
| **COLUMN A** | **COLUMN B** | **COLUMN C** | **COLUMN D** |  |
| **NAME** | **AGE** | **MARK “1” NEXT TO ANY CHILD NOT ATTENDING**  **SCHOOL IN PERSON (i.e., remote instruction)** | **FOR CHILDREN RECEIVING LIVE INSTRUCTION,**  **LIST HOW MANY DAYS CHILD IS NOT RECEIVING MEALS FROM SCHOOL (HOLIDAYS/ WEEKEND)** |  |
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|  |  | Add up column, put in circle  Total □ x 7 = ⃝ | Add up column, put in circle  Total ⃝ | **GRAND TOTAL**  ADD UP COLUMN C ⃝  & COLUMN D ⃝ |

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