

MARAUDER MEALS ENROLLMENT FORM

Student Name _____

Grade _____ Homeroom Teacher _____

Parent e-mail Address _____

I, _____, as the parent or legal guardian of
_____, hereby give my permission for Marauder
Meals to enroll my child in the FSSPOSitiveID program. This program is an automated
System used for the purpose of buying lunch in the Maclay dining hall. The cost of
enrollment is \$18.00. Please make your check payable to Marauder Meals.

Signed,

Parent and/or Legal Guardian

Date

****One enrollment form per child****