

# Child Nutrition Program

## Extra Sales – NON PARTICIPATION FORM

PLEASE FILL OUT AND RETURN THIS FORM TO THE CAFÉ MANAGER BY  
THE 2<sup>ND</sup> WEEK OF AUGUST OF THIS CURRENT SCHOOL YEAR.

School Name: \_\_\_\_\_

School Year: 20\_\_\_\_ - 20\_\_\_\_

(Please print)

Parent(s) / Guardian(s) responsible for payment: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip

E-Mail Address: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

*(Please Print)*

Child	Child's Name	Lunch #	Grade
1			
2			
3			
4			
5			

I **do not** want my child/children to purchase Extra Sales and I have informed him/her of my decision.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date