

Meal Plan Opt Out Form

My child, _____, will not be participating in the meal plan. By opting out, I understand my student will not be provided a meal by the band backers prior to football games or competitions. I understand I will need to provide a meal for my student prior to these activities.

Parents Name

This form should be returned to Diane Peccerillo, dpeccerillo@snet.net or 860-620-4472