

School Nutrition 24-25

Dear Parent/Guardian:

ln	accordance	e with	NJ	Legislation	P.L.202	22, c	:.104,	the	distric	t is	required	d annua	illy to	o either
rec	eive an ap	plicatio	n fo	r your stud	ent to	dete	rmine	eligi	ibility 1	for tl	ne Scho	ol Nutri	tion	Program
or	receive a	signed	ackr	nowledgmer	nt that	you	are	not	interest	ed i	n your	student	parti	cipating.

Please note that you may submit an application to apply for the school lunch and school breakfast programs on behalf of your student at any time during the school year.

We are requesting that you either complete and return an application form for your student or return this card signed **no later than October 1, 2024**, regardless of your student's eligibility from the prior school year.

If you have any questions, you may contact us at meals@mcsssd.us.

By signing below, I acknowledge that I have received the application for the district's School Nutrition Program and related information, and I am not interested in having my student participate in the school lunch and school breakfast application process for the 2024-2025 school year.

Student's Name	
Parent or Guardian Signature	Date / /