

PVPV/RAWLINGS ELEMENTARY
FOOD AND NUTRITION DEPARTMENT
Student Information Sheet

Student's Name: _____

Address: _____

Contact Numbers:

Home: _____

Cell: _____

Food Allergies: _____

Medical Concerns: _____

Teacher Name: _____

_____ **Yes, My child can eat breakfast.**

_____ **No, My child cannot eat breakfast.**

_____ **Yes, My child can purchase extras.**

_____ **No, My child cannot purchase extras.**