



SCHOOL LUNCH REGISTRATION

Parents Names: _____

Address: _____

Phone(s): _____

Email: _____

CHILD #1 NAME _____

GRADE ____

CHILD #2 NAME _____

GRADE ____

CHILD #3 NAME _____

GRADE ____

CHILD #4 NAME _____

GRADE ____

AMOUNT OF DEPOSIT: \$ _____ DATE: _____

RECEIVED BY: _____

**Shrewsbury Borough School students only.*

**Orders must be received by 9pm the night before to ensure next day delivery.*