



AAI REQUEST FOR LUNCH RELEASE

This form is only valid for the 2024-25 school year

Date of Request: _____

Student Name: _____ Student # _____ Grade _____

Student Address: _____ Birthdate _____

Parent/Guardian Name: _____ Cell Phone _____

Home Phone Work Phone Email _____

Please note that any late marks received or absences after lunch period may result in an immediate revocation of off campus lunch privileges.

Parent signature indicates permission for the above listed student to go off campus during lunch period.

Administrator Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____