Chesterfield County Public Schools

# 2025-2026 OPT OUT of CCPS School Meals

_____ _____
Name of Student Student ID Number

_____ _____
School Birth Date

*Mark the appropriate box:*

☐ If there is insufficient funds on my child's account (listed above) meals can ONLY be purchased with cash. (I do **NOT** want my child's account to ever go into the negative.)

☐ I am requesting that my child (listed above) NOT participate in Breakfast at any time.

☐ I am requesting that my child (listed above) NOT participate in Lunch at any time.

☐ I am requesting that my child (listed above) NOT participate in Breakfast or Lunch at any time.

Reason_____

**Note**: By signing this form you are agreeing that the cafeteria staff may take the meal away from your student while in the serving line. It is then the responsibility of the parent to ensure their student has lunch on any given day.

_____ _____
Parent's Signature Date

_____
Phone #

***This form must be filled out and submitted each school year.***