

WEST HARTFORD PUBLIC SCHOOLS

PERMISSION TO DROP LUNCH

Name of student: _____

Student id number: _____

We, the parent/guardian of student named above request that s/he not be scheduled for lunch
in the _____ school year in order to accommodate taking the following class:

_____.

Signature of student: _____ Date: _____

Signature of parent/guardian: _____ Date: _____