

School Nutrition Program Consent for Home Meal Delivery Distance Learning School Year 2020-21

I _____ give consent to **HOPE Community Academy** to deliver meals to my home during distance learning related to COVID-19 for the 2020-21 school year.

Meals will be provided via home delivery only for students enrolled in the school/district. Students that do not qualify for meal benefits will be charged the **paid** meal price for breakfast, lunch and/or snack.

I understand that household contact information may be shared with school staff, volunteer deliverers or private delivery vendors such as bus transportation contractors. I also give consent for meals to be left at doorstep if no one is home at the time of delivery or responds to the delivery. *I understand it is my responsibility to ensure the proper safety and protection of meals if no one is home.*

List the names of enrolled students in the household that you want to receive meals for. If there are more than three students, please attach a paper with their name and grade.

Student Name	Grade	Enrolled School

Printed Name: _____

Address: _____

Phone: _____ Email Address: _____

Signature of Parent/Guardian: _____ Date: _____

For more information, you may call **Cindy Yang** at **651-796-4587** or email at **cindyayang@hope-school.org**.

Return this form to: **HOPE Community Academy, 720 Payne Ave Saint Paul, MN 55130**

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