



Brian J. Polito, CPA
Superintendent of Schools

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Assistant Superintendent

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MEAL DELIVERY AUTHORIZATION FROM PARENT

I (undersigned parent name) am requesting meal delivery for the SSO food option for the meals prepared and provided by the School District of the City of Erie.

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

Student(s)/Child(ren) I am requesting meals for are listed below:

Student Name	Student School	Student Age

By signing below I attest that all the above student(s)/child(ren) reside at the above listed address.

PARENT/GUARDIAN SIGNATURE DATE

Erie's Public Schools
148 West 21st Street
Erie, PA 16502-2834
P: 814.874.6000
F: 814.874.6049
www.eriesd.org

