

MEAL DELIVERY REQUEST FORM

ACS FAMILIES: Please use this form to request meal delivery during remote instruction. Only one form is needed to be completed per family. Please email Carol Richmond at crichmond@andovercsd.org with questions.

All children under the age of 19 and who resides in the district will be eligible for free breakfast and lunch.

Date: _____

Your Name: _____

Your Email Address: _____

Your Address _____

Your Phone Number: _____

Number of meals to be delivered: _____

Student/ Child(ren) Names: _____

Food Allergies or Restrictions: _____