

Consent for Home Meal Delivery during the COVID-19 School Closure

I give consent to Bemidji Area Schools to deliver meals to my home during the COVID-19 school closure. I understand that household contact information may be shared with school staff, volunteer deliverers or private delivery vendors such as bus transportation contractors.

Address: _____

Phone: _____ Email Address: _____

Number of eligible children in household: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

For more information, you may call the Food Service Department at (218)333-3100 ext. 31141 or email at tammie_colley@isd31.net.

Return this form to: 502 Minnesota Ave NW, Bemidji, MN 56601 or email tammie_colley@isd31.net

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