



MEAL PICKUP CONSENT FORM

Dear Parent/Guardian:

This consent form is required for your child/children to receive meals from **Georgetown County School District (GCSD)** via pick up service. **GCSD** hand out meals Monday-Thursday between the hours of **7:45 am-8:45 am (Breakfast)** and **11:00 am – 1:00 pm (Lunch)**. Meals must be picked up from the cafeteria and one of the summer feeding sites. Please complete the form in its entirety.

- ☐ Yes, I give permission to GCSD to hand out meals for my school age children.
- ☐ I agree that the information provided on this form is truthful in nature and not of ill intent.

If you checked yes to the box above and agree that the information is truthful in nature, fill out the form below to confirm the household's current contact information and the number of children in the household to ensure the correct number of meals are delivered to the correct location. For any child listed on the form below, GCSD will need to verify each child. Acceptable forms of verification are; student ID, progress report with students name, etc.. This will be a one-time verification and once information is verified, GCSD will place your name and number of meals on a pick up sheet at each pick up location. If you attempt to pick up additional meals above what has been approved, GCSD will need to verify any additional children that meals are being picked up for. Please ensure that the form is signed, and the printed name is legible.

Phone Number: _____

Address: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

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Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

For more information, you may call **Brent Streett** at **843-436-7078** or e-mail at **bstreett@gcsd.k12.sc.us**

Return this form to: **2018 Church St. Georgetown, SC 29440** or any meal pick up location.

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at **(202) 720-2600** (voice and TTY) or contact USDA through the Federal Relay Service at **(800) 877-8339**.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at <https://www.ocio.usda.gov/document/ad-3027>, from any USDA office, by calling **(866) 632-9992**, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442;

email:
program.intake@usda.gov.

This institution is an equal opportunity provider.

Meal Delivery Consent Form