

OFFICE OF NUTRITION PROGRAMS AND SERVICES

101 PLEASANT STREET

CONCORD, NH 03301

**SY 2021-2022 WAIVER REQUEST FORM FOR**

**WAIVER # 89**

**PARENT/GUARDIAN PICK-UP OF SCHOOL MEALS**

**Name of SAU: Click or tap here to enter text.**

**SAU / RA number: Click or tap here to enter text.**

**List of schools participating in the waiver: Click or tap here to enter text.**

**WAIVER JUSTIFICATION: Click or tap here to enter text.**

**PLEASE NOTE: A SAU/RA written plan must be in place for ensuring meals are distributed only to parents/guardians of eligible children and how duplicate meals will not be distributed. This plan will be reviewed during the Administrative Review.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.**

**Superintendent’s Signature**

**Print Name: Click or tap here to enter text.**

**\*Please use this form for only waiver #89**

**Email pdf Format To:** **marty.b.davis@doe.nh.gov**