



## **Student Meal Enrollment Form**

I Mr/Mrs \_\_\_\_\_ parent/guardian of \_\_\_\_\_ studying in class \_\_\_\_ Section \_\_\_\_ /  
joining class \_\_\_\_\_ from \_\_\_\_\_ onwards wish to opt for School meal facility.

I hereby acknowledge and agree to comply with the rules and regulations established by the School for the meal facility. I understand that this service aims to provide & promote a healthy and convenient meal option. I agree to adhere to pay the complete fee for the meal facility quarterly and without any delay. I acknowledge that the School is committed to ensuring the highest standards of safety and hygiene in providing meal facility. I trust and agree that the School will implement all necessary measures to prevent any unforeseen incidents related to the meal facility and to hold the School harmless from any matter arising out of or in connection with the meal facility. I understand that it is my responsibility to inform the School of any allergies for my ward.

Parent/Guardian Name:

Date:

Signature:

Mobile number:

Allergies (in any): \_\_\_\_\_

Thank you for enrolling in our School's meal program. Your child's nutrition and well-being are important to us.  
MRG SCHOOL, ROHINI