Horizon Lunch Account Application

CHILDS INFORMATION

first Name:
Last Name:
Birth date:
Social Security Number:
School he/she is enrolled in: please circle
PHV Elementary PHV Middle
MTV Elementary MTV High Grade:
SPONSOR INFORMATION
First Name: Last Name:
Social Security Number:
Unit and APO Address:
APO AE
Home Phone: Work Phone:
FOOD AND MEAL INFORMATION
Is the student allergic to any foods: YES NO If yes, please list:
May the student purchase food items in addition to those served on the advertised menu? These items are full price regardless of free/reduced status. YES NO
If yes, would you like to limit the amount your child can spend each day? YES NO
If yes, please list the daily spending limit:_\$
FOR USE BY AAFES DATE PROCESSED
PROCESSED BY
PIN NUMBER