Oregon Department of Education 255 Capitol St. NE Salem, OR 97310

Instructions for completing the Meal Preference Request Form:

- 1. **Organization Name:** Include the name of the Sponsoring Organization that is providing the form
- 2. **Site/Provider Name:** Print the name of the site where meals will be served (e.g., ABC School, XYZ Child Care Center)
- 3. **Submit this form to:** Include the name and contact information for the organization staff who will be collecting the completed form
- 4. Part I: This section can be completed by the Parent/Guardian, Adult Participant, or Organization
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