

2018-2019 Restriction Form for School Lunch Accounts

PLEASE RENEW EVERY YEAR

We feel that it is important that parents have control over their child(ren)'s spending in the cafeteria as well as inform the cafeteria of any food related requests pertaining to your child's health such as allergies or food restrictions.

If you choose to prepay for anything, please make sure your child understands what meals, milk, snacks or beverages you give them permission to purchase.

Since we serve hundreds of children a day, we cannot control the purchases your child makes without your permission, and payment is expected for items received.

If you would like to set restrictions or limits, please fill out the form below and return to your cafeteria.

2018-2019 SCHOOL YEAR

Student Name: _____

Grade: _____

RESTRICTIONS:

- LUNCH PURCHASES ONLY
- NO SECOND SERVINGS OF LUNCHES and/or ENTREES
- NO SNACKS
- SNACKS ONCE A WEEK please indicate day: _____
- Purchasing Limit: can only spend \$ _____ per day
- DIETARY: EXPLAIN _____
- ALLERGY: EXPLAIN _____
- OTHER: EXPLAIN _____

CLOSE THE ACCOUNT:

I do not want my child to be able to purchase anything from the Food Service Program.
Please close their account.

Parent signature _____

Date: _____