2019-2020 Request for Cafeteria Account Flag

(Parents please note that due to the volume of requests received at the start of the school year, your request may not take effect until September 30, 2019. Please discuss with your child what they are allowed to purchase until this flag is activated. – Thank You)

Date: _____

Student Name: _____   Student ID #: _____

Parent Name: _____   Home Phone: _____

Address:_____

School Bldg:_____

I hereby request that the above student receive the following restrictions placed on their cafeteria food service account for the 2018/19 school year.

☐ No breakfast service (NO BFST SERV) This choice indicates that parents prefer that their child be refused all breakfast purchases if they have account funds or if they have cash.

☐ No lunch service (NO LNCH SERV) This choice indicates that parents prefer that their child be refused all lunch purchases if they have account funds or if they have cash.

☐ No a la carte service (NO CART SERV) This choice indicates that parents prefer that their child be refused all ala-carte purchases if they have account funds or if they have cash.

☐ No breakfast charging (NO BFST CHRG) This choice indicates that parents prefer that their child be refused any breakfast service once their account funds are at zero amount and they are not permitted to place their account in the negative.

☐ No lunch charging (NO LNCH CHRG) This choice indicates that parents prefer that their child be refused any lunch service once their account funds are at zero amount and they are not permitted to place their account in the negative.

☐ No a la carte purchases with account funds (NO ACCT CART) This choice indicates that parents prefer that their child use only their accounts funds for lunch and breakfast purchases and no ala-carte.

☐ No a la carte purchases with the exception of MILK (MILK ACCT CART) This choice indicates that parents prefer that their child use only their accounts funds for lunch and breakfast purchases and no ala-carte with the exception of Milk purchases.

☐ Other: (Please specify restriction you would like to be placed on account.)_____
_____

Office Use Only:

Date Received: _____   Date Flagged: _____   FSD: _____