

2009-10 Parent Restriction Form For Cafeteria

Accounts

It is important that parents have control over their child(ren)'s spending in the cafeteria, as well as have the ability to notify the cashier of any food related requests pertaining to your child's health, such as food allergies or dietary restrictions.

If you want to limit what your child buys, we urge you to fill out the enclosed form so we can flag their account, therefore stopping unauthorized purchases. We use a computerized system to keep track of student lunch accounts.

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 wish to use this option, please check all areas that apply below & return to school cafeteria

Please direct any questions to: Janice Watt, Food Service Director 508-278-8644



2009-10 SCHOOL YEAR

Student Name: _____

School: _____

Grade: _____

RESTRICTIONS:

- LUNCH PURCHASES ONLY
- NO SECOND SERVINGS OF LUNCHEES and/or ENTREES
- NO SNACKS
- SNACKS ONCE A WEEK 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: _____