

**STUDENT MEAL ACCOUNT RESTRICTION FORM
FOR 2011/2012 SCHOOL YEAR**

DATE: _____ SCHOOL NAME: _____ STUDENT ID # _____

STUDENT NAME: _____ GRADE: _____

PARENT EMAIL: _____ PARENT PHONE: _____

Food Allergies can NOT be submitted using this form. -Each year, parents must provide a physician's note to the school nurse. Once the physician's note has been received, a food substitution can be offered to your child. If you have any questions, please contact the school's nurse for assistance.
Food Intolerances can NOT be submitted using this form. - Please contact the Nutrition Coordinator at 576-2245 to discuss food intolerances.

ALA CARTE RESTRICTIONS – Students are permitted to use cash or money in their meal account to purchase ala carte items, a second entrée and/or milk. Students are not permitted to **charge** ala carte items. Students in preschool – 6th grade are restricted to two ala carte items per day. Jr. High and Sr. High students do not have any item or ala carte spending limits on their meal account. If you would like to place restrictions on your child's meal account or remove the two ala carte items per day restriction from your preschool–6th grade student's meal account, this form must be completed and returned **each school year**.

Ala Carte Purchases are not to exceed \$ _____ per Day Week Month -- Do **not** limit my elementary or preschool ala carte purchases

My child is not permitted to purchase the following ala carte items: _____

-- OR --

No Ala Carte Snacks (food items) No Ala Carte Beverages No 2nd Entrée purchase (extra slice of pizza or extra order of chicken nuggets)

No Second Meal Purchase

MEAL RESTRICTIONS/MEAL CHARGES – Unless specified below, Nutrition Services will allow students in preschool through 8th grade to charge a meal or milk if they have forgotten lunch money or a packed lunch for the day.

While our first priority is to provide a healthy, well balanced meal to all students, we will not overstep your boundary as the parent. If you would prefer no meal service be provided to your child or request no charges when there is not adequate funds in your child's meal account, this form must be completed and returned **each school year**. Upon receipt of this form, your child's meal account will be noted.

It is important you understand and agree to the following:

- I understand that should my child(ren) forget his/her packed lunch or lunch money, it is my responsibility as the parent to notify the kitchen to approve any charge for that day.
- I understand that it is my child's responsibility to know his/her balance before going through the line and taking a meal. Once the meal has been served to the child, the account will be charged, as the food can not be re-served.

I would like Nutrition Services to refuse serving my child: Breakfast Lunch Milk Absolutely No Charges

****NOTE** – To ensure Nutrition Services can enforce restrictions, meal account restrictions in addition to the choices above must be approved by the Nutrition Services Department before your child's account will be noted. Please contact Sarah Renz at (513) 831-5030 for assistance.

This form must be signed and returned to:

Nutrition Services Department
777 Garfield Avenue
Milford, OH 45150
Telephone: (513) 831-5030
Fax: (513) 831-6448

Parent's Name

Parent's Signature

FOR OFFICE USE ONLY:

Notes Section was updated with the Date Restriction was placed on account Noted in Special Message Section Restriction Entered in Meals Plus