

**STUDENT MEAL ACCOUNT RESTRICTION FORM  
FOR 2019-2020 SCHOOL YEAR**

DATE: \_\_\_\_\_ SCHOOL NAME: \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

**FOOD ALLERGY MANAGEMENT** – Life threatening food allergies or special dietary needs will be noted on your child's meal account if the required documentation is provided to the school nurse.

**ALA CARTE RESTRICTIONS** – Students are permitted to use cash or funds from their meal account to purchase ala carte items, a second meal, entrée and/or milk. Students are not permitted to **charge** ala carte items when there is no money in their meal account. If you would like to place restrictions on your child's meal account, this form must be completed and returned to school. \*Please note – this restriction will carry over to future school years unless a request in writing is received to remove the restriction.

Ala Carte Purchase are not to exceed \$ \_\_\_\_\_ per day.

No Ala Carte Snacks (food items)     No 2<sup>nd</sup> Entrée Purchase (example: extra slice of pizza or extra order of chicken nuggets)

No 2<sup>nd</sup> Meal Purchase     No Milk     No Ala Carte Beverages

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**MEAL RESTRICTIONS**     No Breakfast     No Lunch

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**CHARGE RESTRICTIONS** – *Unless specified below, the Food Service Department will approve meal charges and will provide a school meal when students do not have a packed meal from home. We believe that the child will otherwise not receive a meal unless one is provided by Food Service.*

To place a note on your child's account that restricts meal charges, this form must be completed. When this restriction is placed on your child's account, Food Service will **not** provide a meal for your child when there are no funds on the account and you will need to make other arrangements to feed your child. To approve any meal charges after this restriction is in place, you must notify the kitchen. Please note – this restriction will carry over to future school years unless a written request is received to remove it.

By checking the following box, I am requesting:  Absolutely No Charges on my child's account.

I understand and agree with the following:

- Unless there are funds on the account, I understand that my child will **not** be offered a school lunch, after this form is submitted and the restriction is in place. I agree it is my responsibility to notify the kitchen, in writing, to lift the restriction.

Please help to prevent avoidable charges by frequently checking your child's meal account balance on [www.MySchoolBucks.com](http://www.MySchoolBucks.com). Prepare your child to make alternate plans when there are no funds available.

*This form must be signed and returned to:*

Homer Central School Food Service Department  
P. O. Box 500  
Homer, NY 13077  
Telephone: 607-749-1216  
Fax: 607-749-1016

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature