



Dear BHUSD Parents,

Each day Food Services offers fresh & healthy lunch to all students. Meal prices and menu options are available at [www.BHUSDFoodServices.org](http://www.BHUSDFoodServices.org). It is important to us that your student is offered fresh and healthy meals to support growing minds and bodies.

**Please be aware that unless we receive this form below, your student will be charged meals if they come through the meal line and receive a lunch meal. Please return the "Meal Waiver Form" to the Food and Nutrition Services Department as soon as possible if you do NOT wish to have your child receive lunch when your child's food service account drops below \$0. This form may be mailed or emailed directly to our department.**

U.S Mail: Attention: Food Services, BHUSD Food Services, 255 S Lasky Drive, Beverly Hills, CA 90212

**OR** Email: [cafe@bhusd.org](mailto:cafe@bhusd.org)

**Balance account notifications are emailed weekly. \*\*For K-8 students, we will continue to offer meals to students with negative meal account balances unless a "Meal Waiver Form" is on file. High School students will be allowed to charge up to five meals, unless a "Meal Waiver Form" is on file \*\***

All negative meal balances must be paid before then end of the school year. Any negative balance that remains on account over the summer will result in blocking of your child's account until the negative balance is paid.

Your family may be eligible for Free or reduced-price school meals. Please fill out the online school meal application found at our website to determine if your family qualifies. All information from applications are kept confidential. If qualified, your child will not be treated differently from full-pay students.

If you have any questions, please contact the Food Service Department at [cafe@bhusd.org](mailto:cafe@bhusd.org).

Thank you!

Heather Oyamo  
Director of Food Services

**Please return this completed form to the BHUSD FOOD SERVICES DEPARTMENT if you want your child to only receive a meal when he/she has money on account.**

**BHUSD FOOD SERVICES – MEAL WAIVER FORM**

Date: \_\_\_\_\_  
Student Name(s): \_\_\_\_\_  
Student School Site(s): \_\_\_\_\_

***By signing below, your child WILL NOT BE ALLOWED to CHARGE IN THE NEGATIVE for school meals therefore will not be allowed to receive a school meal.***

Parent/Guardian Name (Please Print): \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_  
Phone Number/Email: \_\_\_\_\_