



BURBANK UNIFIED SCHOOL DISTRICT
Food Services Department
Request to Restrict Use
of Student Meal Account

Food Services Department
1900 W Olive Ave
Burbank CA 91506

Student's Name _____
School _____
Grade _____

- ◆ All students have a Personal Identification Number (PIN) which is used for identification purposes by the school site and the Food Service Department. The Food Service Department uses this number to keep a record of a student's meal account. We will feed any student who requests a meal and charge their student meal account if they do not have sufficient funds. Parents are responsible for reimbursing the Food Service Department for those meals and amounts are payable to the cafeteria or the Food Service office in cash, or by using a credit/debit card online at the following website: <https://Family.TitanK12.com>.

Please **DO NOT** allow my student to charge nutrition and/or lunch meals to his/her student meal account. **I understand that if my student does not have enough cash they will be denied a meal.**

I UNDERSTAND THAT I AM RESPONSIBLE FOR REIMBURSING THE FOOD SERVICE OFFICE FOR ANY MEALS CHARGED TO MY STUDENT'S ACCOUNT UNLESS THIS FORM IS SIGNED AND ON FILE WITH THE FOOD SERVICE OFFICE.

- ◆ All students are able to purchase nutritionally compliant snack items using the funds available in their meal accounts.

Please **DO NOT** allow my student to use funds from his/her student meal account to purchase snack items (a la carte) in the cafeteria. **Cash only will be accepted.**

Please **ALLOW** my student to use funds from his/her student meal account to purchase snack items in the cafeteria subject to the following restrictions:

Daily spending limit: \$ _____

Daily item limit: _____

No Buy Days: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Purchase of snack items will be deducted from student meal account balances at the time of purchase and are subject to available funds.

Please sign and return the original to the Food Service Office at the above address.

This form is in effect until revoked.

Parent's Name _____

Home Phone _____

Parent's Signature _____

Cell Phone _____

Email _____

Date Signed _____