San Angelo Independent School District Child Nutrition Department 305 Baker, San Angelo, Texas 76903 Phone: 325-659-3615 Fax: 325-658-4353

April Oden-Cortez, Bookkeeper
Email address: April.Oden-Cortez@saisd.org

Student Account Restrictions Form

Students in the San Angelo ISD have an account which can be used to make purchases in the Cafeteria. Our Point of Sale system allows us the option to set **Account Restrictions**.

Restrictions can be set on Daily AlaCarte Purchases and/or Charging Limits.

If you would like to have us set Account Restrictions, please complete the information below.

Completed forms may be returned by fax, mail, or email, to April Oden-Cortez at the Child Nutrition Office. If you have any questions please call April at 659-3615.

Date						
Student Name						
Birthdate or last 4 digits of Social Security Number						
Student ID#						•
SAISD Campus Name						
Daily Spending Limit for AlaCarte If you would like to have us set a Daily "Sp the information below.				s or extra	items, plea	ise complete
Daily Breakfast AlaCarte Limit	\$					
Daily Lunch AlaCarte Limit	\$					
Please Note: Daily AlaCarte Limits may No	ot be set	by the day	s of the wee	ek		
Is Charging Allowed for School Meals? This includes Breakfast and Lunch I authorize SAISD Food Service to set Acc	YES ount Res	trictions on	n my child's	NO account.		
Parent/Guardian Printed Name						
Parent/Guardian Signature					Date	
Phone Number		Email Ad	dress			
Child Nutrit	ion Offic	e Use Onl	у			
Date Entered in NutriKids Entered Serving Line Note Data Entered By					- - -	

S:\Food Service\FORMS\Account Restrictions.xls (Revised 7-29-19)

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