

**Lakota Local School District
Child Nutrition
Account Restriction Form**

Step 1

- Please *remove* all existing restrictions from my son/daughter's account. Continue to Step 2.
 Please *place* the following restrictions on my son/daughter's account.

A la carte purchase not to exceed \$_____ per (check only one) Day Week Month

**This must be a dollar amount. Number of items is not acceptable
and will be disregarded and no restrictions will be placed on the account.**

OR

- I do not want my son/daughter to purchase **any** ala carte items. This also prevents milk purchases.
- I do not want my son/daughter to purchase any Breakfast Meals Lunch Meals
- I do not want my son/daughter to purchase anything on their Child Nutrition account.

Step 2

List all students in your household whom you would like this form to apply.

Student's First & Last Name	ID# (if known)	School	Grade
1. _____			
2. _____			
3. _____			

Step 3

Signature of parent or guardian _____
Date

Step 4

Return this form to Child Nutrition in one of 4 ways:

Mail to: Child Nutrition 6947 Yankee Road Liberty Twp., OH 45044	Attach this form to an email and send it to: Robin.Rathnow@lakotaonline.com	Fax it to: 513.644.1171	Send it with your student to school
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For Office Use Only
Processed By: _____ Date: _____

This is not an allergy form.
Any allergy information written on this form will not be entered into the Child Nutrition system.
Please complete the appropriate form, found at lakotaonline.com or from your cafeteria manager.

