

STUDENT MEAL ACCOUNT RESTRICTION FORM

DATE: _____ SCHOOL NAME: _____ STUDENT ID # _____
STUDENT NAME: _____ GRADE: _____
PARENT EMAIL: _____ PARENT PHONE: _____

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. Please reference the Food Allergy Management Plan online for more information. Contact Tina Reynolds, Nutrition Coordinator, at (513) 576-2294 with any questions.

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. Students in preschool – 6th grade are limited to two ala carte snacks and one ala carte beverage per day. Jr. High and Sr. High students do not have any item or ala carte spending limits on their meal account. If you would like to place restrictions on your child's meal account or remove the two ala carte items per day restriction from your preschool–6th grade student'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 Purchases are not to exceed \$_____ per Day Week Month
 Do **not** limit my elementary or preschool student's ala carte purchases --OR-- *Remove restriction(s) currently in place on my student's account.
 My child is not permitted to purchase the following ala carte items: _____
--OR--

No Ala Carte Snacks (food items) No 2nd Entrée purchase (example: extra slice of pizza or extra order of chicken nuggets)
 No Second 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, Nutrition Services will approve meal charges and will provide a school meal when students do not have a packed meal from home or the funds to pay for a school meal, as Nutrition Services believes that the child will otherwise not receive a meal unless one is provided by Nutrition Services.

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, Nutrition Services 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 to lift the restriction, if necessary.
- I understand that my child could take a meal before a Nutrition Services employee is able to intervene. If this occurs, I agree to pay this meal charge, as the food cannot be re-served and will result in a loss to the school lunch program.*

**Please help to prevent avoidable charges by frequently checking your child's meal account balance and preparing your child to make alternate plans when there are no funds or a packed meal from home.

***NOTE – Meal account restrictions are subject to approval by Nutrition Services before your child's account will be restricted. To confirm that Nutrition Services acts in accordance with your intentions, contact Kim Gregory at (513) 576-4160 for assistance.

This form must be signed and returned to:

Nutrition Services Department
1099 State Rt. 131
Milford, OH 45150
Telephone: (513) 576-2290
Fax: (513) 965-6159

Parent's Name

Parent's Signature

This institution is an equal opportunity provider.