

**La Center School District
Food Services
Meal Account Restriction Form**

This form is only intended for parents who wish to restrict the types of purchases or charging on their student's account.

Student Name: _____ Grade: _____

Please check all that you would like to apply to your student:

- _____ No Ala Carte Purchases
- _____ No Breakfast Purchases
- _____ No Lunch Purchases
- _____ No Milk Only Purchases
- _____ No Charging Ala Carte Items
- _____ No Second Entrée Purchases (HS Only)
- _____ No Charging* Any Items

* Marking no charging of any items on this form overrides the student's ability to charge meals as stated on the meal charge policy. Student will not receive a meal if there is not a balance in their account to cover a purchase.

The choices made for a student will remain on file until revoked in writing by the parent or guardian.

Parent/Guardian Signature: _____ Date: _____

Email completed form to: kirby.phillips@lacenterschools.org, or dana.hantho@lacenterschools.org
-or-
Mail completed form to: La Center Elementary School
Attn: Kirby Phillips or Dana Hantho
700 E 4th Street
La Center, WA 98629