

Parent Restriction Form For Cafeteria Accounts

If you want to limit what your child purchases, we urge you to fill out the form below so we can flag their account, therefore stopping unauthorized purchases.

We use a computerized system to keep track of student lunch accounts.

It is important that parents have control over their child(ren)'s spending in the cafeteria, as well as have the ability to notify the cashier of any food related requests pertaining to your child's health, such as food allergies or dietary restrictions.

If you choose to prepay for anything, please make sure your child understands what meals, milk, snacks or beverages you give them permission to purchase. Since we serve hundreds of children a day, we cannot control the purchases your child makes without your permission, and payment is expected for items received. Thank you.

Please check all areas that apply below & return to school cafeteria

Please direct any questions to the Food Service Department 781-784-1560 x6037 c_ruggeri@sharon.k12.ma.us

Student Name _____
Lunch ID: _____
School: _____
Grade: _____

RESTRICTIONS:

- LUNCH PURCHASES ONLY
- NO SECOND SERVINGS OF LUNCHES and/or ENTREES
- NO SNACKS
- SNACKS WITH CASH ONLY
- SNACKS ONCE A WEEK please indicate day (circle): M T W TH F
- SNACKS TWICE A WEEK please indicate days (circle): M T W TH F

Parent signature _____

Date: _____