

**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

No Breakfast

No Lunch

No Milk Only

No Charging Ala Carte

No Second Entrée (HS Only)

No Charging*

* Marking no charging 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-

Mail completed form to: La Center Elementary School
Attn: Kirby Phillips
PO Box 1810
La Center, WA 98629