

NOTIFICATION FOR NO CHARGES - FOOD SERVICE

TO: DIRECTOR OF DINING SERVICES

(School Name)

(Child's Name)

(Child's grade)

- I do not want my child(ren) to charge any breakfast meals for the current school year.
- I do not want my child(ren) to charge any lunch meals for the current school year.
- I do not want my child(ren) in grades K-4 to charge milk for the current school year.

I understand that "no charges allowed" applies even if there are funds in the meal account. (For example, if lunch costs \$2.35 and the meal account has \$2.25 balance, the student will not be permitted to purchase a lunch costing \$2.35 if this form is signed because it would create a charge of 10 cents.)

I understand that this will remain in effect until I send a letter to rescind this choice.

I understand that this form must be completed for each school year.

Sincerely,

(PARENT SIGNATURE)

(PARENT NAME - printed)

(Date)