

NOTIFICATION FOR NO CHARGES – FOOD SERVICE ACCOUNTS

TO: Director of Dining Services

\_\_\_\_\_  
(School Name)

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Child's grade)

I do not want my child to charge any breakfast meals for the current school year.

I do not want my child to charge any lunch meals for the current school year.

I do not want my child 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. I understand that this will remain in effect until the school year ends or I send a letter to rescind this choice.

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

Sincerely,

\_\_\_\_\_  
(Parent signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent name printed)