

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

Sincerely,

(PARENT SIGNATURE)

\_\_\_\_\_  
(PARENT NAME – printed)

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