

Child Nutrition Department 23-24 Student Account Restrictions Form

Contact: 817.399.2120 Fax: 817.354.3562

HEB Child Nutrition Services understands that you may want to limit your student's daily spending in the cafeteria. This form is required only if a parent/guardian wishes to request restrictions for their student's meal account. This form must be completed on a yearly basis. The cost of breakfast is \$2.25. The cost of lunch is \$3.20 at the elementary campus and \$3.55.

| School Name: | | | | | | |
|--|--|--|---|-------------------|--|--|
| Name of the student: | | | Student ID# | | | |
| Parent/Guardian: | | | Phone Number: | | | |
| Parent Signature: | | Date: | | | | |
| | hoice below for on | e of the options, sign a | and date this form a | nd submit to you | hases for your student's account, r Cafeteria Manager or send by .3562). | |
| for my student's account". S | Student account w g cash to pay for y | ith spending limits v our meal if you pla | vill restrict paren n to eat with your | ts from using tl | hecking below, "No Restrictions neir student's account to pay for e send cash with your student if | |
| | Ple | ase check only one | of the following | g options: | | |
| 1One Meal C spending limit per day | | | | ll automatically | set the breakfast and lunch | |
| 2 One Meal | + A La Carte Lim | it-All purchases that | are not part of the | e meal tray are | considered A La Carte. | |
| Select this option if you | u want your studer | t to purchase a meal | every day and also | would like to a | llow A La Carte purchases. | |
| The daily spending lim | nit can be specified | below if desired. | | | | |
| Daily A La Carte spend | ding limit \$ | | | | | |
| | _ | | urchase A La Carte | e items, please o | circle ONLY ONE of the following | |
| days of the week | Monday | Tuesday | Wednesday | Thursday | Friday | |
| Please note that our | r computer systen | | ck items on indivie estriction request | | cashiers will do their best to | |
| 3 Daily S _I do not wish to requir | pendingLimit – See the purchase of | elect this options if a meal. | you would like | to restrict your | student's daily spending but | |
| Breakfast spending | limit \$ | Lunch s | pending limit \$ | | | |
| 4 Cash On home student should | | e meals or a la carte i | ems on student's | account. If no | food or cash brought from | |
| 5 Show II | D - In order to purc | chase food, the studer | at must present the | ir ID to the cash | ier. | |
| 6 "No Rewithout any restriction | | udent's account". Th | is option will allov | v your student to | o make purchases in the cafeteria | |

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