

**Mokena School District 159
Food Service Request Form**

Student Name: _____

Student ID Number: _____

School: _____

_____ My child may purchase a basic lunch with his/her lunch account.

_____ My child may **not** purchase snacks with his/her lunch account.

_____ My child may purchase snacks with his/her lunch account, but only a maximum of _____ per day.

_____ My child may only purchase milk

_____ Food allergies _____

Parent Signature: _____

Email Address: _____

Date: _____

Once this form is completed, it needs to be returned to the main office of the school that your child attends.