

Red Oak ISD
STUDENT MEAL ACCOUNT RESTRICTION FORM
FOR 2017-2018 SCHOOL YEAR

DATE: _____ SCHOOL NAME: _____ STUDENT ID # _____
 STUDENT NAME: _____ GRADE: _____
 PARENT EMAIL: _____ PARENT PHONE: _____

FOOD ALLERGY MANAGEMENT – Life threatening food allergies or special dietary needs you would like to document on your child’s meal account must be clearly communicated through the campus nurse. Please reference the ROISD Food Allergy Management Plan on our website for more information.

ATTENTION: All existing account notes will be removed from student accounts on September 1st, 2017. Please fill out this form if you want account restrictions placed on your student’s meal account.

A LA CARTE RESTRICTIONS – Students are permitted to use cash or funds from their meal account to purchase a la carte items, a second meal, entrée and/or milk. Students are not permitted to **charge** a la carte items when there is no money in their meal account. Students do not have any item or a la carte spending limits on their meal account. If you would like to place restrictions or limits on your child’s meal account, this form must be completed and returned to school. Please note this restriction will carry over to future school years unless a request in writing is received to remove the restriction.

A la Carte Purchases are not to exceed \$ _____ per day

Do **not** limit my elementary or preschool student’s a la carte purchases.

My child is only permitted to purchase a la carte items on the following days (please check one or more): M Tu Wed Thu F

--OR--

No A la Carte Snacks (food items) No A la Carte Beverages No 2nd Entrée purchase (extra slice of pizza or extra order of chicken nuggets)
 No Second Meal Purchase Other _____

MEAL & CHARGE RESTRICTIONS – Unless specified below, Student Nutrition will approve meal charges up to \$10 and will provide a school meal when students do not have a packed meal from home or the funds to pay for a school meal, as Student Nutrition believes that the child will otherwise not receive a meal unless one is provided by Student Nutrition.

To place a note on your child’s account that restricts meal charges, this form must be completed. When this restriction is placed on your child’s account, Student Nutrition will **not** provide a meal for your child when there are no funds on the account and you will need to make other arrangements to feed your child. To approve any meal charges after this restriction is in place, you must notify the cafeteria manager. Please note this restriction will carry over to future school years unless a written request is received to remove it.

By checking the following boxes, I am requesting that Student Nutrition refuse to serve my child:

Breakfast Lunch Milk Absolutely No Charges on my child’s account.

I understand and agree with the following:

- ✓ Unless there are funds on the account, I understand that my child will not be offered a school lunch, after this form is submitted and the restriction is in place. I agree it is my responsibility to notify the cafeteria manager to lift the restriction, if necessary.
- ✓ I understand that my child could take a meal before a Student Nutrition employee is able to intervene. If this occurs, I agree to pay this meal charge, as the food cannot be re-served and will result in a loss to the school lunch program.*

*Please help to prevent avoidable charges by frequently checking your child’s meal account balance and preparing your child to make alternate plans when there are no funds or a packed meal from home. Visit www.myschoolbucks.com to learn more ways to put money in your child’s meal account.

****NOTE** – Meal account restrictions are subject to approval by the Director of Student Nutrition before your child’s account will be restricted. To confirm that Student Nutrition acts in accordance with your intentions, contact Victoria Ybarra at (972) 617-2941 ext 4008 for assistance.

This form must be signed and returned to the campus cafeteria manager

Parent’s Name _____

Parent’s Signature _____

FOR OFFICE USE ONLY:
 Restriction added to the account _____ on _____
 Manager Name _____ Date _____

Non-Discrimination Statement
 In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.