



**2016/17 REQUEST FOR CAFETERIA ACCOUNT FLAG**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

School Bldg: \_\_\_\_\_

I hereby request that the above student receive the following restrictions placed on their cafeteria food service account for the 2016/17 school year.

- No a la carte service (NO CART SERV)

This choice indicates that parents prefer that their child be refused all ala-carte purchases if they have account funds or if they have cash.

- No a la carte purchases with the exception of MILK (MILK ACCT CART)

This choice indicates that parents prefer that their child use their accounts funds for milk purchases only (no other ala carte purchases).

**Note: If you do not have these restrictions for your child you do NOT have to send in this form.**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Return form to: Food Service Dept., Iroquois High School, 4301 Main Street, Erie, PA 16511.**

**Office Use Only:**

Date Received: \_\_\_\_\_

Date Flagged: \_\_\_\_\_

Signature: \_\_\_\_\_

*Food Service Director*