

## WEST CLERMONT LOCAL SCHOOL DISTRICT STUDENT MEAL ACCOUNT RESTRICTION FORM FOR 2023-2024 SCHOOL YEAR

<u>FOOD ALLERGY MANAGEMENT</u> – Life threatening food allergies or special dietary needs will be noted on your child's meal account if the required documentation is submitted during the enrollment process.

STUDENT ID #	SCHOOL NAME:			
STUDENT NAME:				
PARENT EMAIL:		PARENT PHONE	2: <u> </u>	
FOOD ALLERGY MANAGEMENT account if the required documentation	5 05	0 1 2	needs will be no	oted on your child's meal
ALA CARTE RESTRICT	are not permitted to <u>et</u> to a daily charge limit estriction, this form mu e school years unless a	<b>harge</b> ala carte items when the t of \$5.00. If you would like to ist be completed and returned request in writing is received	nere are no avail o place further ro to the Child Nut to remove the re	lable funds in the student mea estrictions on your child's mea rition Department. * <u>Please not</u>
Do <b><u>not</u></b> limit my elementary or p	preschool student's ala	-	Remove restricti Student's accoun	ion(s) <u>currently</u> in place on my nt.
My child is not permitted to pure	hase the following ala	carte items:		
OR 🗌 No Ala Carte Snacks (foo	d items) 🗌 No 2 <sup>nd</sup> E	ntrée purchase (example: extra	a slice of pizza o	or extra order of chicken nugge
No Milk No Ala Carte	Beverages			
MEAL RESTRICTIONS	No Breakfast	No Lunch		
CHARGE RESTRICTION			ill annyous ma	
school meal when students do n	<u>s – Oniess specifiea</u> ot have a packed m	eal from home as we belie	ve that the chi	ld will otherwise not receiv
meal unless one is provided by	Child 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, Child 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 box, I am requesting: 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 <u>not</u> 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 Café Manager to lift the restriction, if necessary.
- I understand that my child could take a meal before a Child 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 meal program.\*

\*\*Please help to prevent avoidable charges by frequently checking your child's meal account balance (available through your online PaySchools account) and preparing your child to make alternate plans when there are no funds or a packed meal from home.

\*\*\*NOTE – Meal account restrictions are subject to approval by Child Nutrition before your child's account will be restricted. To confirm that Child Nutrition acts in accordance with your intentions (513) 943-5038 for assistance.

This form must be signed and returned to: Child Nutrition Department 4357 Ferguson Dr. Cincinnati, OH 45245, Telephone: (513) 943-5038.