

ACCOUNT RESTRICTION FORM

Student Name: _____ Grade and Teacher: _____

Date: _____ School Name: _____

Important Note: This form should be mailed to the food service office at Homer High School or delivered by student/parent to the cafeteria of the school your child attends. If you have more than one child and would like to place restrictions on each account please fill out a separate form for each student. These restrictions will remain on the account until you fill out a new form requesting they be removed or changed.

Account money to be use for the following:

- _____ Ala Carte Snacks may be purchased with cash only
- _____ **One** snack is allowed on
Monday Tuesday Wednesday Thursday Friday (circle one)
- _____ **Two** Snacks allowed on
Monday Tuesday Wednesday Thursday Friday (circle one)
- _____ **Three** snacks allowed (**Inter/Jr High and High School only**)
- _____ Limit snacks by a specific amount per day
\$ _____ Amount
- _____ Lunch only/**NO** snacks allowed
- _____ Milk Only

Parents Signature