

**2018 -2019 PARENT/GUARDIAN MEAL CHARGING  
REQUEST FORM  
STUDENT ACCOUNT  
(ONE STUDENT PER FORM)**

**Instructions:** Complete this form submit it to the Head Cook at your child's cafeteria or the Food Service Office

**Food Service Office  
P.O. Box 500  
Homer, NY 13077**

This request will be honored for the **current** school year only. A new request is required for the start of each school year.

**TO:** **Homer Food Service** – List your Child's Cafeteria below

**School:** \_\_\_\_\_

**FROM PARENT/GUARDIAN:** \_\_\_\_\_

**STUDENT/NAME:** \_\_\_\_\_ **4 Digit I.D. #** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Please record the request(s) I have indicated below:**

**Do not allow my child to charge a meal to his/her Food Service Account**

**Do not allow my child to charge:**

\_\_\_\_\_ **Breakfast**

\_\_\_\_\_ **Lunch**

**Other** \_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_