Account Restriction Form

Student Name:____________________________  Grade/Teacher:_______________________
Date:_____________________    School Name:_______________________

Important Note:  This form should be mailed to the food service office in McGraw High School or
delivered by student/parent to the cafeteria of your child’s school.  If you have more that 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 the end of the school year or until you fill out a new form
requesting they are removed or changed.

Account money to be used for the following:

_____ Ala Carte Snacks may only be purchased with cash

_____ 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  (High School Only)
    Monday  Tuesday  Wednesday  Thursday  Friday  (circle one)

_____ Limit snacks by a specific amount per day
    $___________ Amount

_____ Lunch only/NO Snacks Allowed

_____ Milk Only

____________________________________
Parents Signature/Date