

## 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 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 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