



A LA CARTE RESTRICTION FORM

Fill out this form **only** if you wish to restrict your student from using the money in their lunch account for a la carte purchases. This restriction will remain on your student's account until they graduate, unless notified differently from you.

My child is not allowed to purchase a la carte items with prepaid lunch money.

Student Name _____

School _____

Grade _____

Parent or Guardian Signature _____

Date _____

This form must be returned to the food service office in order for us to honor your request.

Please return form to:
Chartwells Food Service Office
531 N Morrison Street
Appleton, WI 54911

or
foodservice@asd.k12.wi.us