



Mooresville Graded School District
School Nutrition Department

PURCHASE ACCOUNT LIMITS Restriction Form

Student's Name: _____

I, the undersigned, direct the following actions apply to the student identified below. Student has the following purchasing limits on his/her account. Please list specific restriction (e.g. no charging, no breakfast, no a la carte, etc.) here:

If no charging is indicated above, then when the student does not have the cash to purchase food items, said items can be removed from the student's possession.

STUDENT IDENTIFICATION

Name: _____
(LAST) (FIRST) (MIDDLE)

Address: _____
(STREET, CITY, STATE, ZIP)

Phone Numbers: _____
(HOME / WORK / CELL)

School PIN / POWERSCHOOL Number: _____

AGREEMENT:

I am the () parent () legal guardian of this student and direct that the actions noted above be instituted by Mooresville Graded School District. To implement this waiver, School Nutrition will "flag" the student's cashier account to indicate the purchasing limit. This waiver will be effective upon receipt and upon validation by the School Nutrition Office -- normally five (5) business days. **You must notify our office if you wish to remove any restrictions as they will remain on the account until you do so.** This waiver can be withdrawn at any time by either parent or legal guardian by presenting a request to the student's school cafeteria manager and providing adequate and appropriate identification.

PRINT - Parent/Legal Guardian Name: _____
(LAST) (FIRST) (MIDDLE)

SIGNATURE of Parent/Legal Guardian: _____

Date Completed by Parent/Legal Guardian: _____

SCHOOL NUTRITION STAFF SIGNATURE: _____