



SPECIAL FOOD SERVICE ACCOUNT INSTRUCTIONS

Please complete the section below and indicate that you would like your child's account modified.

I, _____, parent or guardian of _____, do **NOT** wish:

Child to purchase snacks on account

Child be allowed to charge on account. I understand that my child must pay cash for all meals. If child does not have lunch or money and has no charge notice on their account will be served a onetime emergency meal and I will be contacted.

Signature of Parent/Guardian: _____ Date: _____

Student Name: _____ Student ID #: _____

Please note: This form will need to be resubmitted yearly.

Please mail this form to:

Ben Gashi
Food Service Director
Suffield Public Schools
350 Mountain Road
Suffield, CT 06078

or email it to:

bgashi@suffield.org