

Eanes Independent School District
Child Nutrition Department
Elementary School Lunch Account Restriction Form

The Child Nutrition Department operates a computerized student account system through which student lunches may be purchased. If you would like restrictions placed on your child's account, or if your child has any special dietary restriction, please utilize this form to describe your particular needs to the Child Nutrition Department.

Please return this form to your individual school cafeteria manager.

If you have any questions regarding this form or restrictions, please contact your individual school cafeteria manager or the EISD Child Nutrition Director, Richard Mallard, at 732-9060 (phone), or email: rmallard@eanesisd.net.

Student's Name: _____

Account Number (if known): _____

School: _____ Grade: _____

GENERAL RESTRICTIONS

- _____ Must purchase \$3.10 lunch only. "NO EXTRAS"
- _____ Number of extras that can be purchased per day: 1 2 3 4 (Please circle number)
- _____ May purchase extras on the day(s) indicated: M T W Th F (Please circle day)
- _____ Cash only for extras

_____ **Ensure student selects all five (5) components for a meal (Meat/Meat Alternate, Vegetable, Fruit, Bread/Grain, Milk)**

Note: cafeteria staff cannot compel a student to make selections without parent/guardian permission

ADDITIONAL RESTRICTIONS:

Parent Signature: _____ Date: _____

Phone Number: _____

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mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
fax: (202) 690-7442; or
email: program.intake@usda.gov.

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