International Leadership of Texas Child Nutrition Department Student Account Restriction Form



Request for Restricted Use of Student Account

Student's Name:		Gr	ade:
D number:	School	l:	
do not have money are al estrict any of these featu	llowed to charge up to \$11 res on your student's acco eturn the signed form to yo	.00 for a reimburs ount please comple	ete the request below and
Please restrict my child's	cafeteria account usage a	s follows:	
☐ No a la carte or add	litional items other than m	eals can be purcha	ased.
for all transactions.	te can be purchased from However, if he does not hole to charge and pay it to	nave money, or a l	
•	not be allowed to charge a not have money, no exce	• • •	•
ndicated above. The rest	s account in the Point of S criction can only be remove from year to year, unless	ed by a written and	I signed request. The
Parent/Guardian Name:			
	Please Print		
Signature:		Date:	
For Office Use: Change	es made to Acct.	/ Bv	