Please go to School Cafe to enter restrictions or return this form to the kitchen manager at your student’s school.

*Do not complete if no a la carte limitations are needed.*
Reminder: A la carte restrictions must be updated each school year

Student Name (please print)__________________________________________________

Student ID Number ___________________ School________________________________

If you would like to limit the number of a la carte items purchased please fill out the following:

Limit up to __________ (#) a la carte items per day.

If you would like to only have your student purchase a la carte items on certain days please fill out the following:

- Please note, putting an X on a day means that they cannot purchase items that day.
- Please check days that you DO NOT want your child to purchase a la carte.

Do NOT allow purchases from MEAL ACCOUNT on the following days:

□ Monday  □ Tuesday  □ Wednesday  □ Thursday  □ Friday

Do NOT allow CASH purchases on the following days:

□ Monday  □ Tuesday  □ Wednesday  □ Thursday  □ Friday

__________________________________  ____________________
Parent or Guardian Signature          Date