

**Lakota Local School District  
Child Nutrition  
Account Restriction Form**

**Step 1**

  


Please *remove* all existing restrictions from my son/daughter's account. Continue to Step 2.  
 Please *place* the following restrictions on my son/daughter's account.

A la carte purchase not to exceed \$\_\_\_\_\_ per day

**This must be a dollar amount. Number of items is not acceptable  
and will be disregarded and no restrictions will be placed on the account.**

**OR**

I do not want my son/daughter to purchase **any** ala carte items. This also prevents milk purchases.

I do not want my son/daughter to purchase any  Breakfast Meals  Lunch Meals

I do not want my son/daughter to purchase anything on their Child Nutrition account.

**Step 2**

List all students in your household whom you would like this form to apply.

Student's First & Last Name	ID# (if known)	School	Grade
1. _____			
2. _____			
3. _____			

**Step 3**

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**Step 4**

Return this form to Child Nutrition in one of 4 ways:

Mail to: Child Nutrition 6947 Yankee Road Liberty Twp., OH 45044	Attach this form to an email and send it to: Robin.Rathnow@lakotaonline.com	Fax it to: 513.644.1171	Send it with your student to school
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**This institution is an equal opportunity provider**

For Office Use Only  Processed By: _____ Date: _____
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**This is not an allergy form.**

**Any allergy information written on this form will not be entered into the Child Nutrition system.  
Please complete the appropriate form, found at lakotaonline.com or from your cafeteria manager.**