



# Student Account Restriction Form

**Child Nutrition Services understands that you may want to limit your child’s daily spending in the cafeteria. Use this form to help the Child Nutrition Department better control your child’s selections, spending, or both. Please indicate the restrictions below and return this form to your student’s school cafeteria manager, or you may mail the form to 400 Lobo Lane, Little Elm, TX 75068.**

A new restriction form must be turned in each school year. Restriction forms will not carry over to the next school year. Please note that this does not apply to restrictions or substitutions required due to life threatening allergies or disabilities that have been documented by a Physician on the Medical Statement Form.

**Please select from the following choices:**

- Tray only** (Only meals can be purchased)
- No snacks/extras okay** (The student is only permitted to purchase an extra tray or extra menu items, no extra snacks)
- No extras/snacks okay** (The student is permitted to purchase snacks.)
- No extra drinks allowed** (No bottled water, fruit juice, Gatorade, etc.)
- Snacks only allowed on specified days. Please specify below.**
- Monday  Tuesday  Wednesday  Thursday  Friday
- Cash only for snacks/extra purchases** (The student’s account balance cannot be used for snacks. Students will not be permitted to purchase snacks if their meal account balance is negative.)

Campus: \_\_\_\_\_ Date: \_\_\_\_\_

Student’s Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Name Signature: \_\_\_\_\_

## FOR OFFICE USE ONLY

Entered in POS (date): \_\_\_\_\_ Entered in POS by: \_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. Mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. Fax: (833) 256-1665 or (202) 690-7442; or
3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).