

Stafford Municipal School District

Child Nutrition Department

Cafeteria Account Restriction Form

The child nutrition department operates a computerized student account system through which student meals may be purchased. If you would like restrictions placed on your child's account (dietary restrictions must be submitted by a licensed physician with specific restrictions listed and acceptable substitutes), please utilize this form to describe your needs to the child nutrition department.

This form should be completed and submitted to your school's cafeteria manager.

If you have any questions regarding this form or restrictions, please contact your school's cafeteria manager or the SMSD Director of Child Nutrition, Adam Alvarado, at (281) 261-9289 or email adam.alvarado@staffordmsd.org

Student's Name: _____

Student's ID# _____

School: _____

Grade: _____

General Restrictions:

_____ Must purchase the reimbursable lunch only – No Extras

_____ Number of extras that can be purchased per day: 1 2 3 4 5 (please circle number)

_____ May purchase extras on the days indicated: M T W Th F (please circle choices)

_____ Cash only for extra purchases

Additional Restrictions:

Parent Signature: _____

Date: _____