

ALACARTE RESTRICTION FORM

Fill out this form **only** if you wish to restrict your student from using the money in their lunch account for alacarte purchases. This restriction will remain on your student's account until they graduate, unless notified differently from you.

My child is not allowed to purchase alacarte items with prepaid lunch money.

Student Name _____

School _____

Grade _____

Parent or Guardian Signature _____

Date _____

This form must be returned to the food service office in order for us to honor your request.

Please return form to:
Chartwells/Kimberly High School
1662 East Kennedy Avenue
Kimberly, WI 54136