

ALA CARTE RESTRICTION FORM

Fill out this form **only** if you wish to restrict your student from using the money in the Family Lunch Account for ala carte 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 ala carte items with prepaid lunch money.

Student Name: _____

Student ID #: _____

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 to:
Chartwells/Manitowoc Public School District
2902 Lindbergh Drive
Manitowoc, WI 54220

Please fill out one form per student