



NORTH EAST SCHOOL DISTRICT



Food Service Department

Food Service Account Flag Form Request

Date: _____

Student Name: _____ Grade: _____

Parent/Guardian Name: _____ Home Phone: _____

Address: _____

I request that the above student receive the following restriction(s) placed on their food service account for the 2017-2018 school year. A new form will need to be submitted for each school year that I am requesting the restriction(s).

- No Breakfast Service
- No Lunch Service
- No Snacks
- No Charging
- No Snack Purchases with Account Funds (Cash Only)
- Other _____

(OTHER PLEASE SPECIFY, I.E. WHICH DAY OF THE WEEK A SNACK IS ALLOWED?)

Parent/Guardian Signature: _____ Date: _____

Return Form to: Robin Petroff-Hedlund/Food Service Director
1901 Freeport Road, North East, Pa. 16428

Office Use Only:

Date Received: _____

Date Flagged: _____

Signature: _____