



**Easton-Redding-Region 9 School Districts
Food Service Office**

Parent request to add/remove a block to/from a student account

(Return to Deena Robushi at Central Office, 654 Morehouse Rd, PO Box 500 Easton, CT 06612 or
drobushi@er9.org)

Student Name: _____ Student ID: _____

School: _____ Grade: _____

Please add or remove the following restriction(s) for the above student account (check all that apply):

☐ **Student may buy/receive meals only**

Note: This option will allow your child to purchase/receive a meal only. If they wish to purchase any a la carte items, second entrees or any other extra items (ice cream, snacks, etc.), they must do so with cash.

☐ **Please put the following restrictions on my child's account** (please specify what your child may or may not purchase): _____

☐ **Student may not charge on account**

Note: No charges will be allowed on the account. If your child does not bring lunch money, and he/she does not have money on his/her account, your child will be denied any other purchase (milk, snack, ice cream, etc.) if you select this option. If there is no money on the account your child will have to pay cash for any purchases made.

☐ **Student may not purchase/receive breakfast (only applies to high school)**

Note: This option will not allow your child to purchase/receive breakfast at school.

☐ **Please remove the 'meals only' block**

Note: Student will be allowed to purchase a la carte items, second entrees, snacks, etc.

☐ **Please remove the 'may not charge meal' block on account**

Note: Student will be allowed to charge on his/her account which may create a balance due on the account.

☐ **Please allow my child to purchase/receive breakfast (high school only)**

Note: if your child has a restriction on his/her account, you must fill out the appropriate area on this form and be sure to turn it in to either the Food Service Office or your child's school cafeteria. Until this information is received, the restriction will remain on his/her account. Once it is processed by Food Service, it will take 1 day to reflect at the school cafeteria.

Parent/Guardian Signature: _____ Date: _____

**this form must be signed and dated to be validated*

Office use only

Changed by: _____

Date: _____