

STUDENT ACCOUNT RESTRICTIONS

SCHOOL NAME:	SCHOOL #	DATE:
STUDENT'S NAME:		STUDENT'S I.D.#:
PARENT/GUARDIAN'S NAME:		PHONE #: ()
1) BREAKFAST ALLOWED? YES ___ NO ___	2) LUNCH ALLOWED? YES ___ NO ___	
3) ALLOW PRE-PAID ACCOUNT CASH TO BE USED FOR A LA CARTE? YES ___ NO ___		
4) DAILY SPENDING LIMIT: \$	5) WEEKLY SPENDING LIMIT: \$	
6) CHARGING ALLOWED? YES ___ NO * ___		<i>* When "NO" IS CHECKED, THE STUDENT WILL NOT BE GIVEN A MEAL UNLESS CASH IS PAID.</i>
PARENT/GUARDIAN'S SIGNATURE:	DATE:	
MANAGER'S SIGNATURE:	DATE:	
<i>CAFETERIA USE ONLY - Place ✓ when entered into the computer:</i> Terminal Display (1,2,6): _____ Credit Limit .01 (6): ___ Daily Spending Limit (4): ___ Weekly Spending Limit (5): ___ Notes (1-6): _____ DATA ENTERED BY: _____ DATE ENTERED: _____		