

Parents/Guardians,

Please indicate below the items you wish your son/daughter not purchase. We will only put a block on the items you have marked. Please explain this to your son/daughter.

_____ No breakfast _____ No extra milk _____ No ala carte No extra entrée_____

I would like to put \$_____ limit on my son/daughters ala carte/extra milk purchases per day.

Student(s) Name

Parent Signature

Date