

**2018 -2019 PARENT/GUARDIAN MEAL CHARGING
REQUEST FORM
STUDENT ACCOUNT
(ONE STUDENT PER FORM)**

Instructions: Complete this form submit it to the Head Cook at your child's cafeteria or the Food Service Office

**Food Service Office
1700 Fyler Road
Chittenango, NY 13037**

This request will be honored for the **current** school year only. A new request is required for the start of each school year.

TO: Chittenango Food Service – List your Child's Cafeteria below

School: _____

FROM PARENT/GUARDIAN: _____

STUDENT/NAME: _____ **BAR CODE #** _____

DATE: _____

Please record the request(s) I have indicated below:

Do not allow my child to charge a meal to his/her Food Service Account

Do not allow my child to charge:

_____ **Breakfast**

_____ **Lunch**

Other _____

Parent/Guardian Signature: _____