

Edina Schools Meal Account Restriction Form

If you would like to limit your child's spending, please send this form to your child's school labeled attention: Food & Nutrition Services. A restriction will not allow parents or other family members to purchase a meal on the student's account.

Name of Parent/Guardian/Adult on the Account: _____

Phone number: () _____

| Student Legal Name | Student ID Number/Pin # | Grade | School |
|--------------------|-------------------------|-------|--------|
| _____ | _____ | _____ | _____ |

I would like my child restricted in the following way:
Combo Meal Only (No a la carte purchases including milk) _____
or
Dollar Amount per day: _____

If you have any questions regarding the school meal program or your account, call us at 952-848-3811 Please make your checks payable to: ISD 273 Food Service.

Parent Signature: _____ Date: _____