



ZIONSVILLE COMMUNITY SCHOOLS
FOOD SERVICE DEPARTMENT
5565 South 700 East
Whitestown, IN 46075
317- 873-1232
FAX 317-769-6097

A la Carte Purchase Limitation Form

Student Name(s): _____ School: _____

Student Name(s): _____ School: _____

Student Name(s): _____ School: _____

Dear Food Service Manager,

This letter is to inform you of my request to place a note on my child(s) account that will limit them from purchasing “extras” or a la carte items at the cafeteria. I understand that extras are considered to be additional servings of school lunch items in addition to snack type foods.

Please make a notation of this request on my child’s lunch account.

If during the school year there is a change in this, I will notify you at that point in time. Thank you.

Please mark this box if this does not include restricting extra servings of milk.

Sincerely,

Parent/Guardian Signature

Date

Internal Office use only:

Entered in POS system by: _____ (Initials) on _____ (date)

Original copy to Food Service Office.