

Parent Spending Control Form

To: Lufkin ISD Student Nutrition Program,

I understand that Lufkin ISD has a 3 charge limit for meals. Meal Prices are \$1.80 elementary lunch, \$2.25 secondary meals, \$0.40 for reduced meals at any campus or grade level. Breakfast meals are free at all campuses and grade levels.

Student's Name: _____ ID# _____

Parent's Name: _____

Contact Phone Number: _____

Parent email: _____

Option 1: Please restrict my child's charging to _____(1,2,3)(cannot exceed) meals at \$_____ price.

Option 2: Please restrict my child's spending to \$_____ per meal from he/her meal account.

Yes No - My child is allowed to buy a la carte as long as he/she has cash.

Yes No - My child is allowed to buy a la carte but has a cash spending limit of \$_____.

Yes No - My child is allowed to buy a la carte from his/her account but has a spending limit of \$_____ per day.

Signature of Parent

Date

Note: A parent may write their own note. This form is meant as a guide to ensure that we understand exactly the parent's wishes with regard to spending limits for their child's account and a la carte sales.