2020-2021 PARENT/GUARDIAN
NO MEAL CHARGING REQUEST FORM
(ONE STUDENT PER FORM – Please fill out one form for each student)

Instructions: Complete this form only if you **DO NOT** want your child to charge meals at his/her school. Submit completed form to the Head Cook at your child's cafeteria or to the Food Service Office:

Baldwinsville Food Service Office
29 E. Oneida St.
Baldwinsville, NY 13027

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

TO: Baldwinsville CSD Food Service – <u>List your Child's Cafeteria below</u>

School:_____

FROM PARENT/GUARDIAN _____

STUDENT NAME:_____PIN #_____

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 _____