

**2018 -2019 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 – List your Child's Cafeteria below**

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: _____