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 – 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 _______________________________________________