

## Carrollton-Farmers Branch ISD Request for Restricted Use of Student Account

Student's Name:	Grade:
Student ID Number:	School:
money are allowed to charge up to a \$15.00 credit lim If you wish to restrict or lower the credit lim	and lunch meals, and a la carte purchases. In addition students who do not have nit for breakfast and lunch meals. it or A La Carte Spending limit on your students account please complete the or mail it to: Student Nutrition Office, Carrollton-Farmers Branch ISD, 1505
REDUCTION OF CREDIT LIMIT:	
Set the Credit Limit for my student's acc	count at (check one):
\$0.00 \$5.00 \$10.00	
NOTE: Students without cash, check, or accordit limit.	count credit will not be allowed to purchase a meal that exceeds your selected
A LA CARTE ACCOUNT SPENDING LIMI	TS RESTRICTIONS:
Set the daily A La Carte Spending Limit \$0.00 \$\square\$ \$1.00 \$\square\$ \$2.00 \$\square\$ \$3.00 \$\square\$\$	
Set the daily A La Carte Spending Limit \$0.00 \$\square\$1.00 \$\square\$\$\$\$\$2.00 \$\square\$\$\$\$3.00 \$\square\$\$\$\$\$\$\$	
NOTE: Spending limits only apply to transa	action using money on account, and do not limit cash sales.
REMOVAL OF PREVIOUS RESTRICTION	is:
Please remove ALL restrictions from	my child's account.
	oint of Sale System is set with these restrictions they can only be removed by from year to year, unless removed by written request.
Parent/Guardian Name:	Phone:
Signature: Please Pr	
For Off of Hea Order Channel A	-t. / / Don
For Office Use Office: Changes made to Acc	ct:/ By:

1505 Randolph St Carrollton, TX 75006 Office: 972.968.6384 Fax: 972.968.6392