

Abilene ISD Student Nutrition Department Account Restrictions Form

In order to add a restriction to your student's lunch account please submit to your campus Student Nutrition Manager or contact Kandace Grenwelge at 325-677-1444, Ext. 7594 or email at Kandace.grenwelge@abileneisd.org.

I would like a notation made on my child's Student Nutrition account:

Student's Name: _____ ID# _____

Campus: _____

Grade: _____

_____ Please allow my child to purchase _____ (#) **a la carte** item(s) per day.

_____ Please allow my child to purchase **a la carte** item(s) not to exceed \$ _____ per day.

_____ Please allow my child to purchase **ala carte** only on _____ (day/s of week).

_____ Please **do not** allow my child to purchase any **ala carte*** items.

_____ Other restrictions: _____

PARENT SIGNATURE REQUIRED: _____

PARENT CONTACT NUMBER: _____

PARENT EMAIL: _____

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