



NORTH EAST SCHOOL DISTRICT

Food Service Department



Food Service Account Flag Form Request

Date: _____

Student Name: _____ Grade: _____

Parent/Guardian Name: _____ Home Phone: _____

Address: _____

I request that the above student receive the following restriction(s) placed on their food service account for the 2023-2024 school year. A new form will need to be submitted for each school year that I am requesting the restriction(s).

- ☐ No Breakfast Service
- ☐ No Lunch Service
- ☐ No Snacks
- ☐ No Charging
- ☐ No Snack Purchases with Account Funds (Cash Only)
- ☐ Other _____

(OTHER PLEASE SPECIFY, I.E. WHICH DAY OF THE WEEK A SNACK IS ALLOWED?)

Parent/Guardian Signature: _____ Date: _____

Return Form to: Denise Pyle/Food Service Director
1901 Freeport Road, North East, Pa. 16428

Office Use Only:

Date Received: _____

Date Flagged: _____

Signature: _____