

Union City Area School District

Food Service Department

Food Service Account Flag Form Request

Date: _____

Student Name: _____ Grade: _____

Student ID Number: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

I request that the above student receive the following restriction(s) placed on their food service account beginning with the 2022-2023 school year. This order will remain in effect until revoked in writing.

- No A La Carte Service (Snacks & Extra Items)
- No A La Carte Purchases with Account Funds (Cash Only)
- A La Carte allowed only on _____ indicate day(s) allowed
- Other _____ please be specific

Parent/Guardian Signature: _____ Date: _____

Return Form to: Food Service Department
Union City Area School District – 107 Concord Street Union City, PA 16438

<p><u>Office Use Only:</u> Date Received: _____ Date Flagged: _____ Signature: _____</p>
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