

# 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 2021-2022 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>
--