



# 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 2024-2025 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: \_\_\_\_\_