



**2019-20 PARENT/GUARDIAN  
NO MEAL CHARGING REQUEST FORM**  
(ONE STUDENT PER FORM – Please fill out one form for each student)

**Instructions:** Complete this form only if you **DO NOT** want your child to charge meals at his/her school. Submit completed form to either the Cafe Manager at your child's cafeteria or to the Food Service Office:

***Mail or drop off:***

**Phoenix CSD  
Food Service Office  
11 Oneida St  
Phoenix, NY 13135**  
(also ~ drop box to right of Food Service Office door)

**FAX:** 315-695-7080

**Email:** to Patty or Tammy – through PCSD website

This request will be honored for the **current** school year only.  
A new request is required for the start of each school year.

**TO: Phoenix CSD Food Service** – List your Child's Cafeteria below

**School :** \_\_\_\_\_  
**FROM PARENT/GUARDIAN:** \_\_\_\_\_  
**STUDENT/NAME:** \_\_\_\_\_ **PIN #** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**Please record the request(s) I have indicated below:**  
**Do not allow my child to charge a meal to his/her Food Service Account**  
**Do not allow my child to charge:**

\_\_\_\_\_ **Breakfast**  
\_\_\_\_\_ **Lunch**

**Other** \_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_