**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: ___________________________________________________________