

**Stafford Municipal School District**

**Child Nutrition Department**

**Cafeteria Account Restriction Form**

The child nutrition department operates a computerized student account system through which student meals may be purchased. If you would like restrictions placed on your child's account (dietary restrictions must be submitted by a licensed physician with specific restrictions listed and acceptable substitutes), please utilize this form to describe your needs to the child nutrition department.

This form should be completed and submitted to your school's cafeteria manager.

If you have any questions regarding this form or restrictions, please contact your school's cafeteria manager or the SMSD Director of Child Nutrition, Danny McDonald, at (281) 261-9289 or email [dmcDonald@stafford.msD.org](mailto:dmcDonald@stafford.msD.org)

Student's Name: \_\_\_\_\_

Student's ID# \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

**General Restrictions:**

\_\_\_\_\_ Must purchase the reimbursable lunch only – No Extras

\_\_\_\_\_ Number of extras that can be purchased per day: 1 2 3 4 5 (please circle number)

\_\_\_\_\_ May purchase extras on the days indicated: M T W Th F (please circle choices)

\_\_\_\_\_ Cash only for extra purchases

**Additional Restrictions:** \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_