

**GASTON COUNTY SCHOOL NUTRITION
ACCOUNT PURCHASE LIMITS**

**STUDENT NAME: _____
SCHOOL YEAR: 17/18**

I, the undersigned, direct the following actions apply to the student identified below

- Student has the following purchasing limits on his/her account (list specific restriction, Example: no charging, no breakfast, no a la carte & etc.)
- If no charging is indicated above, then when the student does not have the cash to purchase food items, said items can be removed from the student's possession.

STUDENT IDENTIFICATION

NAME:

(LAST) (FIRST) (MIDDLE)

ADDRESS:

(STREET) (CITY, STATE, ZIP)

PHONE NUMBER:

(HOME) (WORK) (CELL)

SCHOOL:

PIN/POWERSCHOOL NUMBER:

AGREEMENT:

I am the () parent () legal guardian of this student and direct that the actions noted above be implemented by Gaston County School Nutrition. To implement this waiver, School Nutrition will "flag" the student's cashier account to indicate the purchasing limit. This waiver will be effective upon receipt and upon validation by the School Nutrition Office (normally five (5) business days). It will expire June 6, 2018. A new waiver is required for each school year. This waiver can be withdrawn at any time by either parent or legal guardian by presenting a request to do so to the student's school cafeteria manager and providing adequate and appropriate identification.

PRINT – Parent/Legal Guardian Name: _____
(LAST) (FIRST) (MIDDLE)

SIGNATURE PARENT/LEGAL GUARDIAN: _____

FOR OFFICE USE ONLY:

Date Received: _____

Validity Confirmation Information: _____

Student's Account Flagged: _____
Date Time By

Cafeteria Manager Notified: _____
Name Date Time By

School Nutrition Staff: _____
Signature