

Baldwin-Woodville Area School District

**MEAL INSTRUCTION FORM**

- **ONLY ONE FORM PER FAMILY**
- **MUST BE SIGNED BY THE "PRIMARY ACCOUNT HOLDER" TO BE VALID**
- **RETURN ONLY IF THERE IS A CHANGE FROM THE PREVIOUS YEAR.**

*Restrictions and/or permission forms from the previous year will be effective until a new form is completed and submitted to the District Office. It takes approximately 3-5 days for any instruction to go into effect after the District Office receives the form.*

**MEAL RESTRICTION**

Students at Viking Middle School and B-W High School **WILL BE ALLOWED** to purchase extra meal items. This form is to be used if you would like the school to restrict your children from making these additional purchases. **Please be aware that extra meal items INCLUDE milk.** These restrictions will show up on the computer screen when your child(ren) enters his/her PIN number. Please discuss these restrictions with your child(ren).

NAMES OF CHILDREN	NO LUNCH	NO BREAKFAST	NO MILK, OR EXTRA MEAL ITEMS	CANCEL ALL RESTRICTIONS
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GREENFIELD STUDENTS ONLY - PERMISSION FOR EXTRA BREAKFAST ITEMS**

Students at Greenfield Elementary **DO NOT** have the option of extra meal items at lunch, except for milk. The option of extra meal items at breakfast is available to Greenfield students only upon request. If you would like your child at Greenfield to be able to purchase extra items for breakfast only, please include their names below.

Name(s) of GREENFIELD Child(ren) allowed extra breakfast items

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRIMARY ACCOUNT HOLDER (PLEASE PRINT) \_\_\_\_\_

Signature of Primary Account Holder \_\_\_\_\_

Date \_\_\_\_\_

**\*\*\*A paper copy of this form must be submitted\*\*\***