

Parent Choice (select Option A or B):

NOTE: You do not need to return this form or select an option if you want your child to continue to purchase school meals as they do now.

Option A

- If my child's account reaches a zero balance, I do not want him/her to charge any food that would be available under the "safety net" program.**

Applies to (provide first and last name of each student):

Student's First and Last Name

On any given day, a child with cash can purchase food regardless of their account balance.

Option B

- I do not want my child to purchase any Food Service items (cash or on account) and no food will be provided if I do not send food for my child.**

Applies to (provide first and last name of each student):

Student's First and Last Name

Signature: _____ Date: _____

Daytime Phone: _____

Please return this form to your child's school or mail to:

Edmonds School District
Attn: FOOD SERVICE
20420 68TH AVE W
LYNNWOOD WA 98036