

Food Service Preference Form

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.

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

Parent Choice (select Option A, B, or C):

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



Option B

- If my child's account reaches a minus fifteen dollar (-\$15.00) balance, I do not want him/her to receive a safety net meal 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

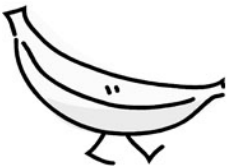


Option C

- 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