

# MONROE-WOODBURY CENTRAL SCHOOL DISTRICT

DEPARTMENT OF FOOD SERVICES

ALDIS ANSONS  
Director

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## MEAL ACCOUNT RESTRICTION FORM

The Monroe-Woodbury Food Services Department uses computerized cash registers in your child's school cafeteria. All students have a personalized identification number to use when purchasing meals and/or a la carte items on account. At mealtime, the student will enter their five digit student ID# at the register. The computer will record the sale and deduct the amount from any prepaid balance in the student's account. **Cash will continue to be accepted on the line and it is not a requirement that students prepay into their account.**

The student may prepay for meals weekly or monthly and those meals will be deducted from the account as they are used. If the student is eligible for either free or reduced priced meals, prepayment can be made for a la carte items and/or reduced price meal charges. A student must have money in their account to charge an incomplete meal or an a la carte item. Please encourage your child to take a complete meal, including entrée, fruit, vegetable and milk. Bottled water is not part of a meal, but is available for purchase separately.

To restrict your child's account, complete the form below. Attach your payment in any amount you choose and send this to the cafeteria manager for meals and/or a la carte purchases. The form will allow you to restrict the use of the account. **If you do not specify a preference, we will allow the child to use the money for both full meals and a la carte purchases.**

### ACCOUNT RESTRICTION INSTRUCTIONS:

- Complete the form below
- Check your account use selection.
- Send this form and cash or check to the Cafeteria Manager or Cashier. If paying by check, make payable to **Monroe-Woodbury Food Services; include your child's name, student ID#** (if known and their teacher's name on the check).

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## 2018-19 ACCOUNT RESTRICTION FORM

Please return this form to the Cafeteria Manager or Cashier.  
**Make one check per child payable to *Monroe-Woodbury Food Services*.**

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

Account Use Selection (**CHECK ONE**):

\_\_\_\_\_ Full Meals Only (snacks/beverages will not be sold to students)

\_\_\_\_\_ Meal and/or a la carte

Student Name: \_\_\_\_\_

Student ID# (if known): \_\_\_\_\_

Teacher: \_\_\_\_\_

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

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

Parent's Signature: \_\_\_\_\_