

FORM TO REPORT ALLERGIES Please return this form by Sept. 1, 2017
 FORM TO SELECT OPTIONS/SET LIMITS FOR STUDENTS

LIMITS DO NOT INCLUDE LUNCH (ALA CARTE ONLY)

2017-2018

ELEMENTARY SCHOOL - please list any children with food allergies

Student Name

Allergy

_____	_____
_____	_____
_____	_____

MIDDLE SCHOOL - please list any children with food allergies

Student Name

Allergy

_____	_____
_____	_____
_____	_____

Possible Options/Limits

Student Name

No Ala Carte

Ala Carte
Daily Limit
(circle one)

_____	<input type="checkbox"/>	\$1 \$2 \$3 \$4 \$5
_____	<input type="checkbox"/>	\$1 \$2 \$3 \$4 \$5
_____	<input type="checkbox"/>	\$1 \$2 \$3 \$4 \$5

HIGH SCHOOL - please list any children with food allergies

Student Name

Allergy

_____	_____
_____	_____
_____	_____

Possible Options/Limits

Student Name

Cash Only

No Ala Carte

Ala Carte
Daily Limit
(circle one)

_____	<input type="checkbox"/>	<input type="checkbox"/>	\$1 \$2 \$3 \$4 \$5
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$1 \$2 \$3 \$4 \$5
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$1 \$2 \$3 \$4 \$5

Signed _____ Date _____