Kewaskum School District
Nutrition Program
Restrict Usage Form

Parental form to CANCEL and/or limit child(ren)'s use of pre-paid Family Account

Please check in appropriate box below:

- ☐ No lunch
- ☐ 1 lunch only
- ☐ No breakfast
- ☐ No snacks
- ☐ No a la carte

Please print: Today's Date: _____

Parent: _____
First M.I. Last

Address: _____

Phone Number: _____

Parent Signature: _____
Date

Please list FIRST and LAST names of children to apply the above restrictions to:

_____

_____

_____

_____

PLEASE RETURN COMPLETED FORM TO:

School Nutrition Program
Kewaskum High School
Attn: Food Service Secretary
1510 Bilgo Lane
Kewaskum, WI 53040