

**Food Service Payment
Allergy Information
Permission to Charge Additional Food Items**

Checks should be made payable to Woodland School District. Visa/Mastercard payments can be made through Family Access or the Webstore. The District website (www.dist50.net) has links to both Family Access and the Webstore. **When paying online, complete and return this form only if there is allergy information, or if you do not want your child(ren) to charge additional items.**

In order for your child(ren) to participate in the District's Food Service program using the Debit Card System, you must maintain a positive Family Account balance. Credit card payments made through Family Access will be immediately applied to the account. If paying by check or through the Webstore, allow 2 school days to process payments.

"Include this Information with Your Food Service Family Account Payment"			
Head of Household	<div style="display: flex; justify-content: space-around; font-size: small;"> (Last Name) (First Name) </div>		
Student Name	<div style="display: flex; justify-content: space-around; font-size: small;"> (Please use (1) student name per family) </div>		08-09 Grade
Payment Amount	\$		
Check	#		Credit Card (Online)
			Cash

Allergy Alert

We would like to know if your child(ren) have any food allergies that Food Service needs to be aware of. Special food considerations will be honored for students with **medically necessary** dietary restrictions only.

Medical documentation must be on file in the Nurse's Office of your child's building.

Permission to Purchase Additional Items with the Debit Card

All Grades: Check "No" if your child **is not** allowed to purchase additional items with the Debit Card.

We will allow additional purchases, unless we are notified.

- 1) Student Name** _____ **08-09 Grade** _____

Food Allergy? Yes ___ No ___ Does Nurse's Office have documentation? Yes ___ No ___

Special Dietary Restrictions _____

Permission to Purchase Additional Items: No ___

- 2) Student Name** _____ **08-09 Grade** _____

Food Allergy? Yes ___ No ___ Does Nurse's Office have documentation? Yes ___ No ___

Special Dietary Restrictions _____

Permission to Purchase Additional Items: No ___

- 3) Student Name** _____ **08-09 Grade** _____

Food Allergy? Yes ___ No ___ Does Nurse's Office have documentation? Yes ___ No ___

Special Dietary Restrictions _____

Permission to Purchase Additional Items: No ___

- 4) Student Name** _____ **08-09 Grade** _____

Food Allergy? Yes ___ No ___ Does Nurse's Office have documentation? Yes ___ No ___

Special Food Restrictions _____

Permission to Purchase Additional Items: No ___

If you have questions, please call Arbor at (847) 856-3408, or send an email to fahlenius@dist50.net

Return with Payment

USDA is an equal opportunity provider and employer.

Return with Payment
(Revised 7/08)