

**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.

<b>"Include this Information with Your Food Service Family Account Payment"</b>			
<b>Head of Household</b>		(Last Name)	(First Name)
<b>Student Name</b>		<b>09-10 Grade</b> _____	
	(Please use (1) student name per family)		
<b>Payment Amount</b>	\$ _____		
<b>Check</b>	# _____	<b>Credit Card (Online)</b>	_____
		<b>Cash</b>	_____

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** \_\_\_\_\_ **09-10 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** \_\_\_\_\_ **09-10 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** \_\_\_\_\_ **09-10 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** \_\_\_\_\_ **09-10 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**

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