



REQUEST TO OPT-OUT OR BLOCK YOUR FOOD SERVICES ACCOUNT

Date: _____

School Year: _____

Student Name: _____

Student ID #: _____

Parent Name: _____

Home Phone: _____

Address: _____

School Campus: _____

MRCs Food Services realizes that some parents like to pack their child's lunches rather than incur charges for breakfast or lunch at school. For these families, we offer the following "OPT-OUT" option to the school lunch program to block your child's account from being charged. Please be aware that if you choose this option your child will not be able to purchase any breakfast or lunches at all.

I hereby request that the above student receive the following restrictions placed on their cafeteria food service account for this school year.

NO BREAKFAST SERVICE

This choice indicates that parents prefer that their child be refused all breakfast purchases.

NO LUNCH SERVICE

This choice indicates that parents prefer that their child be refused all lunch purchases.

Parent/Guardian Signature _____ Date: _____

Email address (for confirmation) _____

Return form to: Montessori Regional Charter School, Charyn Hall, 2549 West 8th Street, Erie, PA 16505

Office Use Only:

Date Received: _____

Date Account Flagged: _____

Signature: _____

Food Service Director