**2017-2018 ALA CARTE PERMISSION FORM**

**PLEASE RETURN THIS FORM IF:**

**YOU WISH TO ALLOW YOUR CHILD TO USE THEIR SCHOOL MEAL ACCOUNT TO PURCHASE INDIVIDUAL SNACKS/DRINKS/SIDES AND ENTRÉES THAT ARE FOR SALE BY THE CAFETERIA. (ANYTHING OTHER THAN A SCHOOL MEAL.**

**Please provide your phone number and email address at the bottom of this form.**

**If you have any questions, please call Sherry Cooper at 903-587-4012 or Email at** **tigerdiner@leonardisd.net**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_DO ALLOW my child to purchase A’La Cart items from his/her meal account.**

**Please list any restrictions here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_DO NOT allow my child to purchase A’La Cart items from his/her meal account**

**Please sign and return:**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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*Submit your completed form or letter to USDA by****: Mail:*** *U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW*

*Washington, D.C. 20250-9410* ***Fax****: (202) 690-7442; or* ***Email****:* *program.intake@usda.gov*

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