

Mokena School District 159  
Food Service Request Form

Student Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

School \_\_\_\_\_

\_\_\_\_\_ My child may only purchase a basic lunch with his/her lunch account.

\_\_\_\_\_ My child may **not** purchase snacks with his/her lunch account.

\_\_\_\_\_ My child may purchase snacks with his/her lunch account, but only a maximum of \_\_\_\_\_ per day.

Parent Signature \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date \_\_\_\_\_

You need to download and print this form. Once this form is completed, it needs to be returned to the main office of the school that your child attends.