

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.