## **CARLISLE AREA SCHOOL DISTRICT – CHILD NUTRITION**

Type of Restriction: (Please mark any applicable box)



## **PURCHASE RESTRICTIONS WAIVER**

If you want to restrict what your student(s) purchases while at school, please complete and mail the waiver to the return address provided at the bottom of the page, or scan and e-mail this waiver to <a href="mailto:evansl@carlisleschools.org">evansl@carlisleschools.org</a>.

This waiver is only effective from July 1, 2023 to June 30, 2024.

Section 1)

	☐ No Brea	kfast Purchases	☐ No Lunch Purchases	; ;	
	☐ No Milk	Purchases	☐ No A La Carte Purch	ases	
Section 2)	Name of Student(s):				
	(Last N	lame)	(First Name)	(Grade)	
on my studer	nt'(s) meal account(s) l	isted in Section 2. I un	hool District to place any indiderstand that any restriction on of the page or an e-mail to	can be reversed at any time	<b>:</b>
Signature:			Date:		
Submitted by	r (print name clearly):				
Please return this document to:		Carlisle Area Scho Attention: Laura E			
		540 West North S	treet		