

**2024-2025 SCHOOL YEAR
 PENN CAMBRIA FOOD SERVICE
 A LA CARTE DENIAL FORM**

**ONLY COMPLETE THIS FORM IF YOU DO NOT WANT YOUR CHILD
 TO BE ABLE TO PURCHASE A LA CARTE ITEMS.**

A LA CARTE ITEMS MAY INCLUDE SNACKS, EXTRA MILK,
 EXTRA FRUIT, EXTRA VEGETABLES, ETC.

Enter the name, school building and grade for each child for whom you are **DECLINING** the A la Carte option. Make sure to sign and date where indicated.

Return the form to school with your child or send it to Penn Cambria Food Service, 201 6th Street, Cresson, PA 16630. Any questions, please feel free to call 814-886-8121 ext. 2152.

Child's Name (First Name, Last Name)	Building (High School, Middle School, Intermediate, Primary, Pre-Primary)	Grade (Pre-K, K, 1, etc.)

Use additional forms if necessary.

Signature of Parent/Guardian: _____

Date: _____