



Conejo Valley Unified School District Child Nutrition Department

DATE _____ STUDENTS NAME _____

My child has my permission to use his/her account for:

Unlimited ala-carte purchases for breakfast, nutrition & lunch.

You may contact me at this phone # to verify these arrangements(____)_____

X _____ X _____
Parents Name Please Print Parents Name Please Sign

Thank you for your prompt attention!
We are happy to serve your child's nutritional needs!

Signed _____
Cafeteria Manager