



# Don't Want Your Kids Purchasing Extras ??

## Please Fill Out This No Extras: Opt-Out Form

Westonka Public Schools  
Food & Nutrition Services  
5905 Sunnyfield Road E  
Minnetrista, MN 55364  
952-491-8084/952-491-8088

**PK - Grade 2- Extra Food Snacks Not Available - Only Beverages**

Dear Parent/Guardian:

If you don't want your students purchasing extras or breakfast with their meal account, please fill out this form.

Extras include:

- **Milk for students that bring lunch from home**
- 2<sup>nd</sup> milks
- Water, juice, or additional beverages
- Snack food items such as crackers, granola bars, chips, ice cream, cookies
- 2<sup>nd</sup> entrees (students like to purchase 2<sup>nd</sup> entrees on popular menu days like pizza day)
- After school purchases at the high school deli

If this form is not filled out your student will be able to purchase items listed above and breakfast. **Sending in this form will not change whether your children get the standard reimbursable meal.**

See a la carte menu for prices and options available online at [www.westonka.k12.mn.us](http://www.westonka.k12.mn.us), select Food & Nutrition.

Select School: SH HT OLL GMS MWHS

Child's Name: _____	Grade _____	No Extras	<input type="checkbox"/>	No Breakfast	<input type="checkbox"/>
Child's Name: _____	Grade _____	No Extras	<input type="checkbox"/>	No Breakfast	<input type="checkbox"/>
Child's Name: _____	Grade _____	No Extras	<input type="checkbox"/>	No Breakfast	<input type="checkbox"/>
Child's Name: _____	Grade _____	No Extras	<input type="checkbox"/>	No Breakfast	<input type="checkbox"/>

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Meal account limits are not guaranteed. Families are responsible for payment of all purchases on meal accounts**

**For more information, please call 952-491-8084/952-491-8088.**

**Return this form to:**

Westonka Public Schools  
Food & Nutrition Services  
5905 Sunnyfield Road E, Minnetrista, MN 55364  
Fax: 952.491.8083/Email: [baileyd@westonka.k12.mn.us](mailto:baileyd@westonka.k12.mn.us)

FNS OFC: Rcvd date: \_\_\_\_\_

Processed date: \_\_\_\_\_

829: Classroom Notification: \_\_\_\_\_