

COLDSRING-OAKHURST CISD
P.O. Box 39~Coldspring, Texas 77331
(936)653-1115

CAFETERIA CHARGE AUTHORIZATION

I request to have charging privileges in the school cafeteria for:

___me only

___my child/children and me

starting now. I understand that the charges accumulated by me child/children and /or me will be deducted from my payroll check each month. I also understand that this authorization will be in effect until I request in writing for cancellation of my charging rights. I further understand that the charges will only include breakfast and lunch. No extra charges will be allowed for snacks such as ice cream, slush's, etc.

PLEASE COMPLETE THE FOLLOWING:

Employee's Name (Please Print)

Campus or Department

CHILD'S NAME:

GRADE:

Employee's Signature

Date