Jeffco Food and Nutrition Services offers a la carte offerings daily to our students. A la Carte include single items offered in addition to or separate from the reimbursable meal such as: bottled beverages, milk, extra entrees, snack items, etc.

We support each family’s decision to allow or not allow their child(ren) to purchase additional a la carte items. **If you choose to limit your child’s purchase of a la carte,** these choices can be made online using your School Café account at [www.schoolcafe.com/Jeffcosd](http://www.schoolcafe.com/Jeffcosd) or by using this form.

All items sold a la carte must meet all Federal regulations regarding nutritional standards. Snack items must be whole grain or the 1st ingredient must be a fruit, vegetable, dairy or protein food and must meet the standards below:

| Calories         | • Snacks: less than or equal to 200 calories  
|                 | • Entrées: less than or equal to 350 calories |
| Sodium           | • Snack Items: less than or equal to 230 mg  
|                 | • Entrée Items: less than or equal to 480 mg |
| Total Fat        | • <35% Calories from Fat  |
| Saturated Fat    | • <10% Calories from Saturated Fat  |
| Trans Fat        | • Zero grams per serving |
| Sugar            | • <35% Sugar (by weight) |

**Do not complete if no a la carte limitations are needed.**

Student name (please print) ___________________________________________
Student ID Number _________________ Student School _____________________________

May use his/her student meal account for a la carte purchases with the following limits:

Limit to ________(#) a la carte items per day  

**Do NOT allow CASH purchases on the following days:**

- □ Monday  
- □ Tuesday  
- □ Wednesday  
- □ Thursday  
- □ Friday

**Do NOT allow DEBIT purchases (from lunch account) on the following days:**

- □ Monday  
- □ Tuesday  
- □ Wednesday  
- □ Thursday  
- □ Friday

**Special Instructions (different from the list above, please list below):**

____________________________________________________________________________

Parent or Guardian Signature ___________________________________________  
Date _________________  

Please return to your Cafeteria manager