



SCHOOL DISTRICT

Huron Public School District Student A La Carte Privilege Form

This form is for the parents/guardians of children attending Huron Public School District that choose to **NOT ALLOW** their children to purchase any a la carte items, such as: elementary classroom milk, a second entrée, extra milk at mealtime, or any additional items beyond the one meal provided from our breakfast/lunch menu.

By signing this form, any child listed on this form will **NOT** have a la carte privileges.

| | | | |
|----|--------------|-------|--------|
| 1. | _____ | _____ | _____ |
| | Student name | Grade | School |
| 2. | _____ | _____ | _____ |
| | Student name | Grade | School |
| 3. | _____ | _____ | _____ |
| | Student name | Grade | School |
| 4. | _____ | _____ | _____ |
| | Student name | Grade | School |

Date: _____

Parent/Guardian Name (print name please): _____

Parent/Guardian Signature: _____

Please return this completed and signed student a la carte privilege form to:
Huron Public Schools Nutrition Office
1045 18th Street S.W
Huron, SD 57350

or

Email to Carol.Tompkins@k12.sd.us

For any questions, please call Nutrition Office at (605) 353-6909

This institution is an equal opportunity provider.