



**SCHOOL DISTRICT**

**Huron Public School District  
Middle School and High School  
Student A La Carte Privilege Form**

This form is for the parents/guardians of children attending Huron Middle School or Huron High School that choose to **NOT ALLOW** their children to purchase any a la carte items using their account such as: a second entrée, extra milk at mealtime, or any additional a la carte 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 [amanda.reilly@k12.sd.us](mailto:amanda.reilly@k12.sd.us)

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

This institution is an equal opportunity provider.