

## Ala Carte Denial Form 2016-17

Complete this form and sign if you WILL NOT allow your child/children to eat ala carte. This denial stays in effect until notice to food service department is given by parent or guardian.

Student Name(please print)\_\_\_\_\_

Student Name(please print)\_\_\_\_\_

Student Name(please print)\_\_\_\_\_

Student Name(please print)\_\_\_\_\_

**Does not** have my permission to purchase ala carte items (this includes milk for cold lunch and milk break.)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to: Sauk Prairie School District, Attn: Food Service Secretary,  
440 13<sup>th</sup> St. Prairie du Sac, WI 53578.