

**THE SCHOOL DISTRICT OF STURGEON BAY**  
**Food Service – 2016-2017 School Year**  
**Family Authorization Form**

**ALL Families Must Complete This Form Every Year!**

*PLEASE PRINT*

Date: \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_  
First Middle Initial Last

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBERS:** \_\_\_\_\_  
Home Cell

**E-MAIL ADDRESS:** \_\_\_\_\_

**AUTHORIZED STUDENTS**

	STUDENT NAME	DATE OF BIRTH	SCHOOL	CURRENT GRADE	ALL SECONDS & ALA CARTE OK	SECONDS ON MILK OR MEALS ONLY	NO ALA CARTE
1.							
2.							
3.							
4.							
5.							

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**NOTE:** Parents may choose to restrict their children’s purchases of ala Carte items. Please fill out this form to make these restrictions. If you want your HS/MS students to be allowed all ala Carte items or elementary students to be allowed extra milk, please check the ala Carte ok column. You may restrict each child individually. If you wish your child to be restricted to one lunch and no ala Carte items, check No Ala Carte. If you do not wish your child to participate in the school breakfast program, please notify the Food Service Department by email (jspude@sturbay.k12.wi.us) or letter.

**The School District reserves the right to discontinue ALL ala Carte services for negative balance accounts, including milk.**

**Students receiving free/reduced meal benefits may purchase additional items: however, parents should be aware that these purchases are at FULL PRICE. Full payment is the responsibility of the parent/guardian.**

**PLEASE RETURN THIS FORM TO:** **Sturgeon Bay High School**  
**1230 Michigan Street**  
**Sturgeon Bay, WI 54235**  
**Attn: Food Service, Jennifer Spude**

This institution is an equal opportunity provider.