



**Permission to purchase  
ALA CARTE FOOD  
at Amery High School**

*You only need to return this form if you are giving permission for your student to make Ala Carte Food purchases on their school lunch account. Accounts need to have a positive balance to participate in this program.*

*Each year you will need to update your child(s) account to fit your needs. Information from the prior year will roll over unless you contact our office at 715-268-9771, ext. 255 or [moorem@amerysd.k12.wi.us](mailto:moorem@amerysd.k12.wi.us)*

Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ School Lunch # \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone or Cell Phone \_\_\_\_\_

I give permission for \_\_\_\_\_ to purchase ala carte food  
(Student Name)  
products on their school lunch account.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_