



Monthly Breakfast Order Form

Student Name _____

Bus # _____ Date _____

My child will participate in the Breakfast Program in _____
(month)

- I have enclosed
 \$ _____
 Weekly Cost: **\$5.00** (*standard*) or **\$1.50** (*reduced*)
 Monthly Cost: **\$20.00** (*standard*) or **\$6** (*reduced*)
- My child qualifies
 for free
 Daily Cost: *\$1.00 per day for paying students*
 30¢ per day for reduced
 Free for qualified

Please return form & payment in an envelope marked with your child's name and homeroom.
Please make checks payable to: **Burgess School Lunch Program.**

Applications for reduced or free breakfast are available at the main office from Marie Piscopo. Applications can be submitted at any time during the year.



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