

## Monthly Snack and Lunch Order Form

For the month of \_\_\_\_\_

Please CIRCLE YOUR CHOICES, complete this form, and return it to the office with payment for the full month no later than the WEDNESDAY BEFORE the first week. In order for your child to receive snack/lunch for the week of the following month.

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

Teacher/Grade: \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast/Snack	Breakfast/Snack	Breakfast/Snack	Breakfast/Snack	Breakfast/Snack
Lunch	Lunch	Lunch	Lunch	Lunch
Breakfast/Snack	Breakfast/Snack	Breakfast/Snack	Breakfast/Snack	Breakfast/Snack
Lunch	Lunch	Lunch	Lunch	Lunch
Breakfast/Snack	Breakfast/Snack	Breakfast/Snack	Breakfast/Snack	Breakfast/Snack
Lunch	Lunch	Lunch	Lunch	Lunch
Breakfast/Snack	Breakfast/Snack	Breakfast/Snack	Breakfast/Snack	Breakfast/Snack
Lunch	Lunch	Lunch	Lunch	Lunch
Breakfast/Snack	Breakfast/Snack	Breakfast/Snack	Breakfast/Snack	Breakfast/Snack
Lunch	Lunch	Lunch	Lunch	Lunch

<u>Quantity</u>	<u>Price Each</u>	<u>Dollar Amount</u>
Total Breakfast: _____ x	Free*	= \$ _____
	Reduced*: .30	
	Full Price: \$1.85	
Total Lunch: _____ x	Free*	= \$ _____
	Reduced*: .40	
	Full Price: \$2.80	
Total Milk <u>Only</u> : _____ x	Price: Free	= \$ _____
*FREE MILK IS ALWAYS AVAILABLE	Total Due This Month: \$ _____	

\*Free Breakfast/Snack and Lunch (if State Application approved): Please fill out and return for ordering purposes.

**PLEASE MAKE CHECKS PAYABLE TO: Augusta ACADEMY**