

NEKOOSA SCHOOL DISTRICT
 BREAKFAST/LUNCH
PAYMENT FORM
 2017-2018 School Year

STUDENT ID # MUST BE INCLUDED

Please make checks payable to Nekoosa School Nutrition Program.

To assist in accurately crediting your child(ren)'s account(s), please complete this form and submit it with lunch payments.

Date: _____

Parent/Guardian Name: _____

Address: _____

STUDENT ID #	STUDENT NAME	PAYMENT AMOUNT

Total Payment Enclosed: _____ Cash Check # _____

This completed worksheet and your payment may be submitted to the designated drop off point in each school or mailed to:

Nekoosa School Nutrition Program
600 South Section Street
Nekoosa, WI 54457

Additional forms are available at each school's main office or on the district website nekoosasd.net

	Breakfast	Regular Lunch	Reduced Lunch
K-3	FREE	\$2.65	.40
4 - 8	\$1.35	\$2.85	.40
9-12	\$1.35	\$3.05	.40
Adult	\$2.10	\$3.70	