

NEKOOSA SCHOOL DISTRICT  
BREAKFAST/LUNCH  
**PAYMENT FORM**  
2024-2025 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 on the district website ([nekoosasd.net](http://nekoosasd.net))  
Families, procedures and forms, lunch payment sheet

Grade	Full Pay Breakfast	Reduced Breakfast	Full Pay Lunch	Reduced Lunch
4K-3	FREE	FREE	\$3.10	.40
4 – 8	\$1.35	FREE	\$3.30	.40
9-12	\$1.35	FREE	\$3.50	.40
Adult	\$2.56	N/A	\$4.75	N/A