

NEKOOSA SCHOOL DISTRICT
BREAKFAST/LUNCH
PAYMENT FORM
2025-2026 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)
Families, procedures and forms, lunch payment sheet

Grade	Full Pay Breakfast	Reduced Breakfast	Full Pay Lunch	Reduced Lunch
4K-3	FREE	FREE	\$3.20	.40
4 – 8	\$1.35	FREE	\$3.40	.40
9-12	\$1.35	FREE	\$3.60	.40
Adult	\$2.56	N/A	\$4.85	N/A