

SCHOOL MEAL PRE-PAYMENT FORM

Students Name: _____

Teacher: _____

Grade: _____ ID #: _____

Amount Enclosed: _____ Check# _____

- **Please return this form to School. Please be sure that it is in a sealed envelope with your student's name, grade, and amount on the outside.**
- Please be sure the form is filled out completely.
- One form per student.
- Make checks payable to Lisbon School Nutrition Program

9-12 Full Price Lunch is \$2.50 per day

K-8 Full Price Lunch is \$2.25 per day.

Reduced price lunch is \$0.40 per day

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