

**Lisbon School Nutrition Program
Pre-Payment Form**

Date: _____

Check # _____

Students Name: _____

Grade: _____

Amount of Money Enclosed: \$ _____

Account # _____

K-8 Full Price Lunch per day \$2.00

Reduced Priced Lunch per day.....\$0.40

9-12 Full Prices Lunch per day \$2.25

Please make your check payable to **Lisbon School Nutrition Program**.

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