

Academie Da Vinci Charter School
Breakfast/Lunch Program

WEEKLY ORDER FORM

Please fill out this order form for your child's participation in the breakfast/lunch program. This form **MUST** be filled out even if you are enrolled in the free and reduced lunch program.

NOTE: All forms and payments must be handed in weekly and given to the front office no later than 9:00 Monday morning. Refunds will not be given due to absence.

Student
Name: _____

Week of: _____
Teacher: _____

Please circle the appropriate meals AND days.

Breakfast: Monday Tuesday Wednesday Thursday Friday

Lunch: Monday Tuesday Wednesday Thursday Friday

COST:

Breakfast: FREE

Lunch: \$2.75/Day - Full Pay

\$0.00 - Free

TOTAL PAID: _____

Verified By: _____ (For Office Use Only)