

**Academie Da Vinci Charter School  
Breakfast/Lunch Program**

Please fill out this order form to participate in the breakfast/lunch program. This form **MUST** be completed 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 or field trip. A form must be filled out for **every** child that you wish to receive breakfast/lunch.

**This form is to be used for the breakfast and lunch program and not for Friday pizza, etc.**

**Week of:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Please circle the appropriate meals and days.**

**Breakfast:**    Monday      Tuesday      Wednesday      Thursday      Friday

**Lunch:**        Monday      Tuesday      Wednesday      Thursday      Friday

**Cost:**

**Breakfast:**

**FREE**

**Lunch:**

**\$2.50 – Full Pay**

**\$0.00 - Free**

**Total Paid:** \_\_\_\_\_