

**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. A form must be filled out for every child that you wish to receive breakfast/lunch.

This order form is to be used for the breakfast and lunch program **ONLY** 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:
\$2.75 – Full Pay
\$0.00 – Free

TOTAL PAID: _____

For Office Use Only
Verified By: _____