

Riverhead Charter School WEEKLY Meal Order/Payment FORM

One student per envelope/form All student meals are to be paid in advance by Wednesday of prior week. Students who have not paid will not be served.

Student Name _____ Date _____ Grade & Teacher _____

(Breakfast: Full Price:\$1.10; Reduced Price .25 or Free) (Lunch: Full Price:\$2.25; Reduced Price .25 or Free) To determine if your family is eligible for Free/Reduced lunch, please remember to submit a Free/Reduced lunch application if you have not already done so.

DATE: _____ DATE: _____ DATE: _____ DATE: _____ DATE: _____

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Breakfast	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Lunch	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Total enclosed \$ _____

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OVER 4