

BALTIMORE COUNTY PUBLIC SCHOOLS
Office of Food and Nutrition Services
SCHOOL BREAKFAST/LUNCH PREPAYMENT FORM

STUDENT NAME _____ SCHOOL _____

This form is used to deposit money into your child's Nutrition Express Meal Account. See the back of this form for more details. Additional forms can be picked up in the school cafeteria.

Distribution of Prepayment - You may distribute your prepayment among any combination of the three categories below. If you want your child to use this prepayment for meals only, then check (✓) meal categories. If you check the CASH Account category, your child can use the money for either meals and/or a la carte items.

Dollar Amount - To calculate the dollar amount for the meal categories, multiply the number of meals by the appropriate meal price from the chart below. In order to use the reduced student meal price, your child must be approved for reduced-price meals.

	QUANTITY			DOLLAR AMOUNT
Number of BREAKFAST Meals:	_____	X Meal Price	\$	_____
Number of LUNCH Meals:	_____	X Meal Price	\$	_____
Amount of CASH Account:			\$	_____
TOTAL AMOUNT OF PREPAYMENT				\$ _____
	Elementary Meal Prices		Secondary Meal Prices	
	<u>Breakfast</u>	<u>Lunch</u>	<u>Breakfast</u>	<u>Lunch</u>
Paid Student	\$1.40	\$2.90	\$1.55	\$3.00
Reduced Student	\$.30	\$.40	\$.30	\$.40

MAKE CHECK PAYABLE TO YOUR SCHOOL CAFETERIA. PLEASE WRITE YOUR CHILD'S NAME ON THE CHECK. SEE BAD CHECK POLICY ON BACK.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

BALTIMORE COUNTY PUBLIC SCHOOLS
Office of Food and Nutrition Services
SCHOOL BREAKFAST/LUNCH PREPAYMENT FORM

STUDENT NAME _____ SCHOOL _____

This form is used to deposit money into your child's Nutrition Express Meal Account. See the back of this form for more details. Additional forms can be picked up in the school cafeteria.

Distribution of Prepayment - You may distribute your prepayment among any combination of the three categories below. If you want your child to use this prepayment for meals only, then check (✓) meal categories. If you check the CASH Account category, your child can use the money for either meals and/or a la carte items.

Dollar Amount - To calculate the dollar amount for the meal categories, multiply the number of meals by the appropriate meal price from the chart below. In order to use the reduced student meal price, your child must be approved for reduced-price meals.

	QUANTITY			DOLLAR AMOUNT
Number of BREAKFAST Meals:	_____	X Meal Price	\$	_____
Number of LUNCH Meals:	_____	X Meal Price	\$	_____
Amount of CASH Account:			\$	_____
TOTAL AMOUNT OF PREPAYMENT				\$ _____
	Elementary Meal Prices		Secondary Meal Prices	
	<u>Breakfast</u>	<u>Lunch</u>	<u>Breakfast</u>	<u>Lunch</u>
Paid Student	\$1.40	\$2.90	\$1.55	\$3.00
Reduced Student	\$.30	\$.40	\$.30	\$.40

MAKE CHECK PAYABLE TO YOUR SCHOOL CAFETERIA. PLEASE WRITE YOUR CHILD'S NAME ON THE CHECK. SEE BAD CHECK POLICY ON BACK.

PARENT/GUARDIAN SIGNATURE _____ DATE _____