

Fraser Public Schools

January Meal Order Form

Parents: Please review the menu with your student and **circle** the items on the order form below that they would like to order for the month. Remember, students who receive free lunch are eligible for free breakfast, as well. Please allow **48 hrs** for meal order forms to be entered.

Free and Reduced students must order to receive breakfast or lunch.

DOOLEY

Monday	Tuesday	Wednesday	Thursday	Friday
	1 No School	2 No School	3 No School	4 No School
7 Breakfast Lunch	8 Breakfast Lunch	9 Breakfast Lunch	10 Breakfast Lunch	11 Breakfast Lunch
14 Breakfast Lunch	15 Breakfast Lunch	16 Breakfast Lunch	17 Breakfast Lunch	18 Breakfast Lunch
21 No School	22 Breakfast Lunch	23 Breakfast Lunch	24 Breakfast Lunch	25 Breakfast Lunch
28 Breakfast Lunch	29 Breakfast Lunch	30 Breakfast Lunch	31 Breakfast Lunch	

Teacher: _____ Rm # _____

First Name: _____

Last Name: _____

of Breakfast Ordered: _____
 X \$1.35 Full Pay= \$ _____
 X \$0.30 Reduced= \$ _____
 Free Breakfast _____
 Total Breakfast \$ _____

of Lunches ordered: _____
 X \$2.35 Full Pay= \$ _____
 X \$0.40 Reduced= \$ _____
 Free Lunch _____
 Total Lunch \$ _____

Total Breakfast + Lunch \$ _____

Form of Payment

- _____ Cash
- _____ Check (Payable to Fraser Public Schools) # _____
- _____ www.sendmoneytoschool.com

Go to www.fraser.k12.mi.us for menu copies and more information regarding the food service department.

To apply for free and reduced meals please go to www.lunchapp.com.

For additional questions please call 586-439-7167.