

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.

ELEMENTARY

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

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.