

Pre-Paid Lunch Form

Return this form, and the exact amount, in a sealed envelope with your child's name on the outside, to their teachers.

"One child per form please"
Please make the checks out to:

"Cumberland School District"

Child's Name _____
Teacher _____
Grade _____ Today's Date _____

Please Check the Appropriate Box

Full Price Lunch
20 Days \$40.00
5 Days \$10.00

Reduced Price Lunch
20 Days \$8.00
5 Days \$2.00

Full Price Breakfast
20 Days \$20.00
5 Days \$5.00

Reduced Price Breakfast
20 Days \$6.00
5 Days \$1.50

Full Price Both Meals
20 Days \$60.00
5 Days \$15.00

Reduced Price Both Meals
20 Days \$14.00
5 Days \$3.50

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