Desert Sky Community School

Breakfast order form

Month _____ Student name _____

On the attached menu,
please circle the specific days your child will eat breakfast at school.

How many days did you circle? _____

Please place order at least 5 days before the first day of meals.

[ ] I expect to be eligible for free meals. No payment is due at this time.

Your child can receive three days of breakfast while we confirm your eligibility.
Ms. Gonzalez will contact you if documentation of eligibility is required from you.

[ ] I expect to be eligible for reduced cost meals. # meals x 30 cents = _____

Please prepay at the Front Office and include this order form. Your child can receive three days of reduced cost breakfast while we confirm your eligibility. Ms. Gonzalez will contact you if documentation of eligibility is required from you.

[ ] I will pre-pay breakfast. # meals x $2 = _____

Please prepay at the Front Office and include this order form.

Place this order form and your payment (check or cash) in an envelope and bring to the Front Office for Ms. Gonzalez. Payments may also be made by Paypal (at our website). Payments will not be accepted from students or without an order form. All payments are made in advance at the Front Office.

Name of parent/guardian completing this form: _____

Signature: _____ date: _____