

PARK HILL NUTRITION SERVICES MEAL PRE-PAYMENT ENVELOPE – ELEMENTARY SCHOOL

Student Name: _____

School: _____

Student ID (if known): _____

Grade: _____

Amount Enclosed: _____

Date: _____

Prices	1 Meal	5 Meals	10 Meals	20 Meals	Extra Milk
Full Price Lunch	\$2.40	\$12.00	\$24.00	\$48.00	\$.50
Reduced Lunch	\$.40	\$2.00	\$4.00	\$8.00	\$.50
Full Price Breakfast	\$1.25	\$6.25	\$12.50	\$25.00	\$.50
Reduced Breakfast	\$.30	\$1.50	\$3.00	\$6.00	\$.50

Sample

For your convenience, we encourage you to purchase meals in blocks of 20 or more. If necessary, your student may receive notices that they owe for meals. You may also pay for meals with a credit card or check via the internet at www.schoolcafe.com or call your school nutrition services office for further information.

Directions: Please place cash or check (payable to Park Hill Nutrition Services) in this envelope. Fill in the information on the front of the envelope. Checks must include name, address, daytime phone number and **student's full name** in memo portion of check. No counter checks will be accepted. Please return the envelope & payment to the school cafeteria. Thank you.

Sample BACK