

FOOD SERVICE SIGN-UP FORM

Please fill out the form below, and submit a check made out to **KEENEYVILLE SCHOOL DISTRICT 20** in a sealed envelope. **PLEASE RETURN IT TO YOUR CHILD'S SCHOOL OFFICE.** A separate check should be submitted for each school if you have children at more than one school. Thank you!

Parent Name _____ Student Name _____

Teacher's Name _____ Grade _____

Please check your choice:

___ Breakfast (10 days x \$1.40) = \$14.00

___ Breakfast (20 days x \$1.40) = \$28.00

___ Lunch (10 days x \$2.50) = \$25.00

___ Lunch (10 days x \$2.50) = \$50.00

*****Breakfast and lunch include a milk with each meal.*****

___ Milk Only (20 days x .55 per day) = \$11.00 ___ 2% White or ___ Chocolate