



Free and Reduced Meals is your privilege. Please ask your child to use it!

Please fill out and submit this form via email to lunch@archimedean.org

Father's Name _____ Email _____

Mother's Name _____ Email _____

Student Name _____

Names of Siblings in the School _____

(For cross reference only)

I have read the Archimedean Breakfast & Lunch Program Policies and Procedures and I would like my child/children to participate in the:

BREAKFAST PROGRAM | YES

(Charge of \$2.95 Paid, \$0.30 Reduced, \$0.0 Free)

FULL TIME LUNCH PROGRAM

(Charge per meal of \$4.95 for Paid, \$0.40 Reduced, \$0.0 Free)

PIZZA 5 MEAL LUNCH PROGRAM

(Charge per meal of \$4.95 for Paid, \$0.40 Reduced, \$0.0 Free)

BREAKFAST PROGRAM | NO

(Student is not permitted to receive school meal at all. On emergencies only milk & Cereal will be served)

HALF TIME LUNCH PROGRAM

(Up to 10 meals Charge per meal of \$4.95 for Paid, \$0.40 Reduced, \$0.00 Free)

HOME LUNCH PROGRAM

(Permits use of School lunch occasionally)

NO SCHOOL LUNCH

(Student is not permitted to receive school meal at all. On emergencies only milk & Cereal will be served)

Parent/guardian name

Signature



Date _____
MM DD YYYY