

HS PREPAYMENT FORM:

EPHRATA AREA SCHOOL DISTRICT – CAFETERIA PAYMENT FORM

Date: _____

Name: _____ **Grade: 9 10 11 12**

Cost: Breakfast \$1.25/Reduced \$0.30 ---- Lunch \$2.25-\$2.60/Reduced \$0.40

Student ID # _____ Check Number _____ Amount Enclosed

_____ \$ _____

Please make checks payable to EASD-FSF.

Do you want to change the meal options (circle one): YES NO

School Meals: _____ School Meals & Ala Carte: _____

Parent/Guardian Signature: _____

IMS/MS PREPAYMENT FORM:

EPHRATA AREA SCHOOL DISTRICT – CAFETERIA PAYMENT FORM

Date: _____

Name: _____ **Grade: 5 6 7 8**

Cost: Breakfast \$1.25/Reduced \$0.30 ---- Lunch \$2.25/Reduced \$0.40

Student ID # _____ Check Number _____ Amount Enclosed

_____ \$ _____

Please make checks payable to EASD-FSF.

Do you want to change the meal options (circle one): YES NO

School Meals: _____ School Meals & Ala Carte: _____

Parent/Guardian Signature: _____

ELEMENTARY PREPAYMENT FORM:

EPHRATA AREA SCHOOL DISTRICT – CAFETERIA PAYMENT FORM

Date _____

Grade: K 1 2 3 4

Student Name _____ ID No. _____

Cost: Breakfast \$0.95/Reduced \$0.30 ---- Lunch \$1.95/Reduced \$0.40

Amount enclosed :\$ _____ Check #: _____

How would you like your students' account to be used: (please check the one that applies)

_____ Schools Meals (Breakfast and Lunch) only _____ School Meals and Extras (i.e., extra sandwich, fruit, milk, etc.)

Parent/guardian signature: _____

Please make checks payable to EASD-FSF.