

Ephrata High School Cafeteria Pre-Payment Form

Date _____

Student's name _____ **Grade: 9 10 11 12**

Student ID # _____	Check Number _____	Amount Enclosed \$ _____
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*Cost: Breakfast \$1.55 / Reduced \$0.30 Lunch \$3.00 / Reduced \$0.40
Please make checks payable to **EASD-FSF**.*

Do you want to change the meal options? NO YES (if yes, please check one below.)

School Meals _____ School Meals/Double Meals _____
School Meals & Ala Carte _____

Parent/Guardian Signature: _____

Ephrata Intermediate and Middle School Pre-payment Form

Date _____

Student's name _____ **Grade: 5 6 7 8**

Student ID # _____	Check Number _____	Amount Enclosed \$ _____
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*Cost: Breakfast \$1.55 / Reduced \$0.30 Lunch \$2.65 / Reduced \$0.40
Please make checks payable to **EASD-FSF**.*

Do you want to change the meal options? NO YES (If yes, please check one below.)

School Meals _____ School Meals/Double Meals _____
School Meals & Ala Carte _____

Parent/Guardian Signature: _____

Ephrata Area School District Elementary School Pre-Payment Form

Date _____

Grade: K 1 2 3 4

Student's name _____ ID No. _____

Amount enclosed \$ _____ Check # _____

*Cost: Breakfast \$1.25 / Reduced \$0.30 Lunch \$2.45 / Reduced \$0.40
Please make checks payable to **EASD-FSF**.*

How would you like your students' account to be used? (Please check **ONLY** one.)

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

Parent/guardian signature: _____