KINGSTON HILL ACADEMY

2024-2025

Month   February-25

Student Name: _____

ID #: _____

Teacher Name: _____

MEAL ORDERS:

Please check off the days you wish to order breakfast of lunch for your student. Indicate as follows:

Breakfast = B

Lunch - L1 = Hot lunch, L2 = Sandwich of the week, L3 = Salad of the week

If a lunch is ordered for your student you will be charged unless your student is absent.

Mon	Tues	Wed	Thurs	Fri
3-Feb	**4-Feb**	**5-Feb**	**6-Feb**	**7-Feb**
10-Feb	**11-Feb**	**12-Feb**	**13-Feb**	**14-Feb**
17-Feb	**18-Feb**	**19-Feb**	**20-Feb**	**21-Feb**
No School	**No School**	**No School**	**No School**	**No School**
24-Feb	**25-Feb**	**26-Feb**	**27-Feb**	**28-Feb**

Meal Orders:

Meal	Total # of monthly servings	Cost per serving	Total Cost
Breakfast - full price		$ 2.15	$
Breakfast -reduced price		$ -	$
Breakfast - Free		$ -	
Lunch - full price		$ 4.00	$
Lunch - reduced price		$ -	$
Lunch - Free		$ -	
Total			$
Previous month's credit/debit			$
Total amount due			$
Paid via **(please circle)**	myschoolbucks.com		Enclosed (check/cash)

Please make checks payable to Kingston Hill Academy (KHA)

Please return to the KHA Office by 1/27/25 ... thank you.