

**Lisbon School Nutrition Program  
Pre-Payment Form**

Date: \_\_\_\_\_

Check # \_\_\_\_\_

Students Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Amount of Money Enclosed: \$ \_\_\_\_\_

Account # \_\_\_\_\_

K-8 Full Price Lunch/ day	\$2.75	Reduced Priced Lunch/ day	\$0.40
K-8 Full Price Breakfast/ day	\$1.50	Reduced Priced Breakfast/ day	Free
9-12 Full Prices Lunch/ day	\$3.00		

Please make your check payable to **Lisbon School Nutrition Program**.

---

**Lisbon School Nutrition Program  
Pre-Payment Form**

Date: \_\_\_\_\_

Check # \_\_\_\_\_

Students Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Amount of Money Enclosed: \$ \_\_\_\_\_

Account # \_\_\_\_\_

K-8 Full Price Lunch/ day	\$2.75	Reduced Priced Lunch/ day	\$0.40
K-8 Full Price Breakfast/ day	\$1.50	Reduced Priced Breakfast/ day	Free
9-12 Full Prices Lunch/ day	\$3.00		

Please make your check payable to **Lisbon School Nutrition Program**.