



# St. John's EPISCOPAL SCHOOL

Office Use:
Name _____
Check No.: _____
PMOF: _____
Amt. Pd. _____
Date: _____

**Monday through Thursday School Lunch Program**  
**Provided by Fresh Meals Catering**  
**September 3, 2024 to June 4, 2025**

Please complete and return this form no later than Monday, August 5, 2024

**Payment Options:**

**One Payment through FACTS: \$1520 due October 20, 2024**

**Two Payments: Paid through FACTS only.**

First payment of \$760 due October 20, 2024. Second payment of \$760 due January 20, 2025.

**Eight Monthly Payments: Paid through FACTS only. \$190 per month**  
beginning October 20, 2024 through May 20, 2025

Please enroll the following student(s) in the school's Fresh Meals Lunch Program from September 3, 2024 through June 4, 2025.

**Student Name:**

- 1. \_\_\_\_\_ **Grade: \_\_\_\_\_**
- 2. \_\_\_\_\_ **Grade: \_\_\_\_\_**
- 3. \_\_\_\_\_ **Grade: \_\_\_\_\_**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Part II: Allergy Students Only</b>
Student Name: _____ Grade: _____
Allergy: _____

*Fridays will be a fundraising lunch for school programs. To participate, please refer to the Fundraiser Friday Form.*