



St. John's
EPISCOPAL SCHOOL

Office Use:

Name: _____

PMOF: _____

Amt. Due: _____

Date: _____

Friday Fundraiser Pizza Lunch 2025-2026 School Year

Form Due to School: ASAP!

Family Last Name: _____

Please enroll the following student(s) in the Friday Fundraiser PIZZA Lunch for the 2025-2026 school year.

1. Student Name: _____ Grade: _____

Cheese: 1 ☐ 2 ☐ 3 ☐

Pepperoni: 1 ☐ 2 ☐ 3 ☐

1 Slice \$85 2 Slices \$170 3 Slices \$255 Total for Student 1: _____

2. Student Name: _____ Grade: _____

Cheese: 1 ☐ 2 ☐ 3 ☐

Pepperoni: 1 ☐ 2 ☐ 3 ☐

1 Slice \$85 2 Slices \$170 3 Slices \$255 Total for Student 2: _____

3. Student Name: _____ Grade: _____

Cheese: 1 ☐ 2 ☐ 3 ☐

Pepperoni: 1 ☐ 2 ☐ 3 ☐

1 Slice \$85 2 Slices \$170 3 Slices \$255 Total for Student 3: _____

Payment Options: Please Select One

1 Pay through FACTS September ☐

2 Pay through FACTS September and January ☐

Allergy Awareness Notification:

Student Name: _____ *Grade:* _____

Food Allergy: _____

Parent/Guardian Signature: _____