To: Food Service Manager

From:
SCICON) R R G 6 H U Y L F H 0 D Q D J H U
- X V W L Q H 3 D G L O O D

Return via email or fax:
Email: M X V W L Q @ s c i c o n . o r g
Fax: 559-539-2643

Re: Provisional Meal Plan Percentages

Please provide SCICON with the Provisional Meal Plan percentages for month indicated on the Class Registration List. Percentages listed must total 100%

4 X H V W L R Q V " & D O O

School _____ District _____

Month of _____

Breakfast

Free _____%

Paid _____%

Reduced _____%

Total: _____100_____%

Lunch

Free _____%

Paid _____%

Reduced _____%

Total: _____100_____%

Paid £d id £d id v ( )-3 ( )-3 ( )