

**HARRISON CENTRAL SCHOOL DISTRICT
PREPAID BREAKFAST/SCHOOL LUNCH FORM**

Student Name	School	Grade	May Use Account For Snacks (YES/NO)	Dollar Amount
Total Check Amount				\$

Parent/Guardian Signature _____ Date: _____

Please return this form with your check made payable to Harrison CSD Lunch Fund and send to:

LMK Middle School Students:

**LMK Cafeteria
Harrison CSD
50 Union Avenue
Harrison, NY 10528**

Harrison High School Students

**Harrison High School Cafeteria
Harrison CSD
255 Union Avenue
Harrison, NY 10528**

IMPORTANT

**Please issue separate checks for middle school and high school students.
If required, duplicate this form for each building submission.**

Please be sure to put your child’s name in the memo portion of your check.

This form is also available on the district web site in the “Documents & Forms” section