

School Nutrition Department

Vickey Jensen
Aurora Husky Diner
300 L Street
Aurora, Ne 68818
Phone: 402-694-2820 ext.229
Fax: 402-694-5968
E-mail: vjensen@esu9.org



Lunch Account Usage Form

This Permission slip will be in affect on your ACCOUNT **until you contact** our School Nutrition Department by mail or phone to have the information changed.

Family Name /Account Number _____

Student Names _____

Amount he or she may spend a day

The lowest item they may purchase is \$.50

The highest item they may purchase is \$1.25—These items are Doubles and Breakfast meal

Middle & High School \$2.30 (for a meal) + _____ = _____ per day

Elementary \$2.05 (for a meal) + _____ = _____ per day

Please remind your child that if he or she is Free or Reduced they **MUST** have a full breakfast meal!!!!!!!

My child may only purchase LUNCH _____

My Child may purchase BREAKFAST & LUNCH MEALS _____

Signature _____

Date _____