

Cafeteria Notice

Diocese of Baton Rouge School Food Service

Beginning May 1, 2018

Charging and checks will not be accepted after April 30th.

Please make sure your child has enough money in his/her account to cover breakfast/lunch till the end of the school year. You can always check your child's lunch account at www.myschoolbucks.com or the myschoolbucks app on your phone. If you have questions, please contact the STM cafeteria 275-4347

2017-18 School Year

IMPORTANT:

The amounts shown in this schedule do not include money for Extra Sale items such as extra entrée, milk, 100% fruit juice, bottled water, cookies, ice cream, etc.

You must send additional money if you wish for your child to purchase Extra Sale items.

Students		BREAKFAST		LUNCH		
Month	# Of School Days*	Full Price All Schools	Reduced All Schools	Full Price Elem/Middle (PK-8)	Full Price High (9-12) & Satellite	Reduced All Schools
DAILY PRICE		\$1.80	\$0.30	\$2.95	\$3.10	\$0.40
August	17	\$30.60	\$5.10	50.15	\$52.70	\$6.80
September	20	\$36.00	\$6.00	59.00	\$62.00	\$8.00
October	21	\$37.80	\$6.30	61.95	\$65.10	\$8.40
November	17	\$30.60	\$5.10	50.15	\$52.70	\$6.80
December	14	\$25.20	\$4.20	41.30	\$43.40	\$5.60
January	19	\$34.20	\$5.70	56.05	\$58.90	\$7.60
February	15	\$27.00	\$4.50	44.25	\$46.50	\$6.00
March	21	\$37.80	\$6.30	61.95	\$65.10	\$8.40
April	16	\$28.80	\$4.80	47.20	\$49.60	\$6.40
May	18	\$32.40	\$5.40	53.10	\$55.80	\$7.20
SY Totals	178	\$320.40	\$53.40	\$525.10	\$551.80	\$71.20

* NOTE: Number of days varies by school. Please check with your child's school for a calendar.

Parents, Please
Complete & Return
By May 16, 2018



2017-2018
REQUEST FOR REFUND OF MEAL ACCOUNT MONEY
(PLEASE PRINT)

SCHOOL NAME: _____

STUDENT NAME: _____

AMOUNT OF REFUND: _____ (POS #) _____
(To be completed by Caf  Manager)

REASON FOR REFUND: Graduating 8th or 12th Grade and not returning to a Diocesan School
 No Longer Enrolled at a Diocesan School
 Meal Status Changed

PARENT'S PRINTED NAME: _____

MAILING ADDRESS: _____ (Street) _____ (Apt #)

___ Check here if address is the same as last year?

(City, State, Zip)

PHONE NUMBER (S): _____

PARENT'S SIGNATURE: _____

DATE: _____

*Form must be turned in to the school cafeteria (only).
Checks will be mailed to the parent; please allow 30 days for the request to be processed.*

FOR OFFICE USE ONLY

MANAGER'S SIGNATURE: _____

NOTE: Please attach a copy of the student's payment history.