

**INSTALLMENT MEAL PLAN
STUDENT ENROLLMENT FORM
(One per child)**

Child's Name: _____

School/Grade: _____

Breakfast: (✓ Selection)

Elementary - \$25.00/mo. _____

Middle & High - \$30.00/mo. _____

(Available only at breakfast
serving schools)

Lunch: (✓ Selection)

Elementary - \$40.00 _____

Middle & High (Reg.) - \$45.00 _____

High School (Super) - \$55.00 _____

Parent's Name: _____

Address: _____

Telephone #: _____

PLEASE ATTACH A VOIDED CHECK

**Remit to:
Carroll County Public Schools
Food Service Department
125 N. Court Street
Westminster, MD 21157**

Thank you for your participation in our meal plan program

