

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

**Child's Name:** \_\_\_\_\_

**School/Grade:** \_\_\_\_\_

**Breakfast: (✓ Selection)**

**Elementary - \$206.25** \_\_\_\_\_

**Middle & High - \$247.50** \_\_\_\_\_

(available only at breakfast  
serving schools)

**Lunch: (✓ Selection)**

**Elementary - \$340.00** \_\_\_\_\_

**Middle & High (Reg.) - \$382.50** \_\_\_\_\_

**High School (Super) - \$467.00** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Payment Type (Select one):**

Cash/Money Order \_\_\_\_\_

Check \_\_\_\_\_

Credit Card:

    Visa \_\_\_\_\_ or Mastercard \_\_\_\_\_

    Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

    Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

    3 Digit Security Code \_\_\_\_ \_\_\_\_ \_\_\_\_  
(last three digits located on back of card)

**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**