

NEKOOSA SCHOOL DISTRICT  
 BREAKFAST/LUNCH  
**PAYMENT FORM**  
 2025-2026 School Year

**STUDENT ID # MUST BE INCLUDED**

Please make checks payable to Nekoosa School Nutrition Program.

To assist in accurately crediting your child(ren)'s account(s), please complete this form and submit it with lunch payments.

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

| STUDENT ID # | STUDENT NAME | PAYMENT AMOUNT |
|--------------|--------------|----------------|
|              |              |                |
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|              |              |                |

Total Payment Enclosed: \_\_\_\_\_  Cash     Check # \_\_\_\_\_

This completed worksheet and your payment may be submitted to the designated drop off point in each school or mailed to:

**Nekoosa School Nutrition Program**  
**600 South Section Street**  
**Nekoosa, WI 54457**

Additional forms are available on the district website ([nekoosasd.net](http://nekoosasd.net))  
 Families, procedures and forms, lunch payment sheet

| Grade | Full Pay Breakfast | Reduced Breakfast | Full Pay Lunch | Reduced Lunch |
|-------|--------------------|-------------------|----------------|---------------|
| 4K-3  | FREE               | FREE              | \$3.20         | .40           |
| 4 - 8 | \$1.35             | FREE              | \$3.40         | .40           |
| 9-12  | \$1.35             | FREE              | \$3.60         | .40           |
| Adult | \$2.56             | N/A               | \$4.85         | N/A           |