

To: Food Service Manager

From: SCICON Office

Re: Provisional Meal Plan Percentages

Please provide SCICON with the Provisional Meal Plan percentages for month indicated on the Class Registration List.

School _____

District _____

Month of _____

Breakfast

Free _____%

Paid _____%

Reduced _____%

Lunch

Free _____%

Paid _____%

Reduced _____%

Authorized Signature

Date

Title

Phone Number