

**Immanuel Lutheran School
Lunch Notes & Payment Plans
2021-2022**

Dear Parents,

Immanuel Lutheran School - Silo is approved for free lunches for all students through April 2022. If there are any changes to this program it will be communicated to families at the time of the change. We ask that families still complete the Free/Reduced Price Lunch Application. There are additional benefits to the school that are linked to this reporting, so it is utterly important that families still complete the application for benefits. Thank you!

While all families are encouraged to take advantage of the free meals, we know that is not everyone's desire. If you choose to have your child bring a cold lunch, please note that there is no access to a microwave for reheating meals during the school year.

Milk is always included with the hot lunch. Additional cartons of milk may be purchased a la carte for the price of \$0.50/carton. Please communicate with your child if you do not want him/her to purchase extra milks. Billing for a la carte milk purchases will be done at the end of the school year.

Free / Reduced Lunch Program:

All families are encouraged to apply for free and reduced price student meals. If you are eligible for Free or Reduced Meals according to your income, please complete the application form and return it to Emily Anderson at the school office by Friday, August 27, 2021.

Please note: Free / reduced lunch benefits only apply to a full meal. If your child opts to bring a cold lunch and takes only a milk, you must pay for the milk, and no meal benefit is received for that meal.

Volunteers:

Our lunch program relies on the valuable help of our dedicated volunteers. This year with increased standards for cleanliness, sanitation and safety in the meal preparation and serving process we are looking for additional volunteers. If you are willing to help out please indicate that on the form below or contact Jeanna Ellinghuysen at 507-450-6273.

Please complete & return to Emily Anderson at the school office by Friday, August 27, 2021

Family Name: _____

_____ I acknowledge and agree to the meal payment plan. (No payment required at this time.)

_____ I will apply for the free / reduced lunch program. (Please enclose application.)

_____ I am willing to volunteer. Please contact me at: _____

Signature: _____

Date: _____