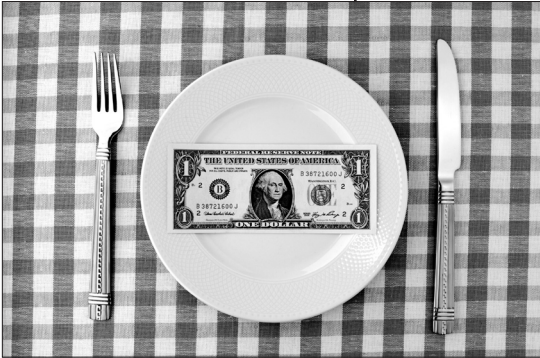


# Back to School Information

August 2011



## Important Information

Each year, a new free or reduced-price meal application must be completed. This is required before the end of September or your child will have to pay the full price of a meal starting October 1, even if they previously qualified for free or reduced-priced meals. You should complete only one family application and list every student in your household on your district application.

When you apply for reduced-price meals, you are helping everyone in the district.

The Free and Reduced-Price Breakfast and Lunch Program is designed solely for the purpose of feeding children. Families of all different sizes and incomes may be eligible. The program is definitely worth checking out.

**Q. If I qualify, won't everyone know my child is in the program?**

A. Not unless you tell them. There is no way a student can be singled out from his/her classmates as being on the Free and Reduced-Price Lunch Program. In this age of computers, there is no longer a need to have lunch tickets. We now do everything electronically, therefore, privately.

**Q. Can't people tell if you're on the Free and Reduced-Price Lunch Program by the amount of money the child gives the cashier?**

A. Not necessarily. If you activate your child's account there will be no need to exchange any money at all. To find out more about the convenience of an account, just contact Tim Swisher or Tracie McCarthy at 324-3759 in our Food Service Office. (See *Lunch Made Easy* below for more information.)

**Q. If you have a good job can you still qualify for the program?**

A. Qualification is based on two criteria; 1) monthly income and 2) size of family. A large family with sufficient income could qualify as easily as a small family with a modest income. This information is on the application and is worth looking into.

**Q. Where do I get an application?**

A. Parents can get the easy one-page family application at the main office of their child's school or by going to the "Food Service Department" link on the district website – [www.hornellcityschools.com](http://www.hornellcityschools.com).

### Inside

- Letter to parents
- Free and reduced-price lunch application
- My Lunch Money
- Meal pricing
- Consent to release information

## Lunch Made Easy

### **Activate your Pre-Paid Account or sign up for My Lunch Money**

Wouldn't it be great if you didn't have to send lunch with your child every day? The Hornell City School District now offers you two meal pre-payment options.

To activate your child's pre-paid lunch account, deposit money under his or her name at the school. If you prefer, you can set up this account so the money is only used for lunches, not for the purchase of breakfast, snacks or double portions. When your child wishes to purchase a meal, he or she presents his or her school ID card and we will debit the account for the price of the item.

We also offer a convenient online pre-payment service called "My Lunch Money" (details are inside this newsletter).

For more information on either of these programs, please contact Tim Swisher or Tracie McCarthy at 324-3759 in the Food Service Office.

# Meal Account Access System

Dear Parent or Guardian:

The district's meal account access system at the Intermediate and Junior/Senior High School allows students to access their meal accounts using a sensor that identifies them by the touch of a finger. We have compiled a list of frequently asked questions to address possible questions you may have.

**How are school meals accounted for right now?**

A numeric key pad or ID card swipe enables students to access their meal accounts. A student either keys in his/her ID number or slides his/her school ID card through the device. If a student forgets his/her ID card or ID number, the lunchroom staff needs to look up the student's ID, causing delays in the lunch line.

**What is the new device and what does it do?**

The new device allows a student to access his/her meal account with the touch of his/her finger. When a student places his/her finger on the touchpad scanner, the system creates a numerical template based on the scan, checks it against templates in the database, and returns an ID match. The student no longer has to worry about remembering his/her ID number or carrying his/her ID card.

**Will my student be fingerprinted?**

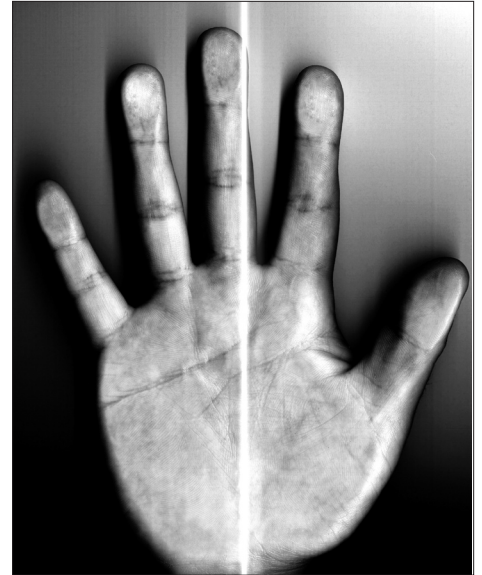
NO. Our system DOES NOT store fingerprints or images of the fingerprint. Our device has a touchpad scanner that matches a biometric scan to a student's ID.

**Is this system secure?**

YES. The templates can only be used for identification in the school cafeteria. No information will be shared outside of the school cafeteria. There is NO way to generate a fingerprint from your student's template.

**What does the program consist of? How will my student be involved?**

During first time use, your student will place his/her finger on the touchpad scanner twice to create a template. During school meals, your student will place his/her finger on the scanner and it will be matched to his/her template.



If you prefer that we not scan your student's finger at this time, please complete the enclosed removal form and return it to the Food Service Office, located in the Hornell Senior High School, as soon as possible.

---

## Touchpad Scanner Removal Form

If you would like to remove your student from this program, please complete this form and return it to the Hornell Senior High School Cafeteria as soon as possible.

Student Name/Grade \_\_\_\_\_

Student Name/Grade \_\_\_\_\_

Student Name/Grade \_\_\_\_\_

Student Name/Grade \_\_\_\_\_

Student Name/Grade \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

# Letter to Parents for School Meal Programs

**Dear Parent/Guardian:**

Children need healthy meals to learn. The HORNELL CITY SCHOOL DISTRICT offers healthy meals every school day. Students may buy lunch for \$1.80 grades K-6, \$2.05 grades 7-12 and breakfast grades K-12 for \$1.00. Children from households that meet federal income guidelines (outlined below) are eligible for free meals or reduced price meals. Reduced price meals cost each eligible student \$.25 for lunch and \$.25 for breakfast. To apply for free or reduced price meals, submit a Direct Certification letter from the NYS Office of Temporary and Disability Assistance OR complete the enclosed application, sign it, and return it to Tim Swisher, Hornell City School District, Food Service Office, 134 Seneca St. Hornell, NY 14843 as soon as possible. Please refer to the guidelines contained in this letter when completing the application. We cannot approve an application that is not complete, so be sure to fill out all required information. RETURNING STUDENTS WHO HAVE AN APPLICATION ON FILE FROM LAST YEAR, BENEFITS WILL CONTINUE THROUGH THE END OF SEPTEMBER. NEW APPLICATIONS MUST BE SUBMITTED BY THE END OF SEPTEMBER.

**1. Do I need to fill out an application for each child?**

No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information.

**2. Who can get free meals?**

All children in households receiving benefits from food stamps, the Food Distribution Program on Indian Reservations or TANF, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.

**3. Can foster children get free meals?**

Yes, foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

**4. Can homeless, runaway, and migrant children get free meals?**

Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call Barb Krammer, 607-324-1302, homeless liaison/ migrant coordinator to see if they qualify.

**5. Who can get reduced price meals?**

Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.

**6. Should I fill out an application if I receive a letter this school year saying my children are approved for free meals?**

Please read the letter you got carefully and follow the instructions. Call the school at (607) 324-3759, if you have questions.

**7. My child's application was approved last year. Do I need to fill out another one?**

Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

**8. I get WIC. Can my child(ren) get free meals?**

Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out a FREE/REDUCED PRICE MEAL application.

**9. Will the information I give be checked?**

Yes and we may also ask you to send written proof.

**10. If I don't qualify now, may I apply later?**

Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.

**11. What if I disagree with the school's decision about my application?**

You should talk to school officials. You also may ask for a hearing by calling or writing to: Doug Wyant Jr., Superintendent of Schools, Hornell CSD, 25 Pearl St. Hornell, NY 14843, (607) 324-1302.

**12. May I apply if someone in my household is not a U.S. citizen?**

Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.

**13. Who should I include as members of my household?**

You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

**14. What if my income is not always the same?**

List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

**15. We are in the military. Do we include our housing allowance as income?**

If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

**16. My spouse is deployed to a combat zone. Is her combat pay counted as income?**

No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

**17. My family needs more help. Are there other programs we might apply for?**

To find out how to apply for food stamps or other assistance benefits, contact your local assistance office or call 1-800-342-3009.

*continued...*

# 2011-12 Income Eligibility Guidelines for Free and Reduced-Price Meals or Free Milk

## Income Eligibility Chart

<b>Total Family Size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Twice per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
1	\$20,147	\$1,679	\$840	\$775	\$388
2	\$27,214	\$2,268	\$1,134	\$1,047	\$524
3	\$34,281	\$2,857	\$1,429	\$1,319	\$660
4	\$41,348	\$3,446	\$1,723	\$1,591	\$796
5	\$48,415	\$4,035	\$2,018	\$1,863	\$932
6	\$55,482	\$4,624	\$2,312	\$2,134	\$1,067
7	\$62,549	\$5,213	\$2,607	\$2,406	\$1,203
8	\$69,616	\$5,802	\$2,901	\$2,678	\$1,339
<b>*Each additional household member add:</b>	<b>\$7,067</b>	<b>\$589</b>	<b>\$295</b>	<b>\$272</b>	<b>\$136</b>

**How to Apply:** To get free or reduced price meals for your children you may submit a Direct Certification letter received from the NYS Office of Temporary and Disability Assistance, OR carefully complete one application for your household and return it to the designated office. If you now receive food stamps, Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household food stamp, TANF or FDPIR case number and the signature of an adult household member. All children should be listed on the same application. If you do not list a food stamp, TANF or FDPIR case number for all the children for whom you are applying, the application must include the names of everyone in the household, the amount of income each household member, and how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number, or check the box if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your food stamp or TANF case number or complete the income portion of the application.

**Reporting Changes:** The benefits that you are approved for at the time of application are effective for the entire school year. You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive food stamps.

**Income Exclusions:** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964. USDA is an equal opportunity provider and employer.

**Meal Service to Children With Disabilities:** Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities. Major life activities are defined to include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. You must request the special meals from the school and provide the school with medical certification from a medical doctor. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical certification must contain.

**Confidentiality:** The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian. We will let you know when your application is approved or denied.

Sincerely,

David Kabel  
Regional Food Service Director  
607-739-6360

Date Withdrew \_\_\_\_\_

Attachment IIIA

F \_\_\_ R \_\_\_ D \_\_\_  
\*Temp Free Expires \_\_\_\_\_

### Hornell City School District 2011-2012 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and return it to the cafeteria. Call (607) 324-3759, if you need help. Additional names may be listed on a separate paper.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. Food Stamp or TANF Benefits:

If anyone in your household receives either food stamp, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: \_\_\_\_\_ CASE # \_\_\_\_\_

3. If any child you are applying for is homeless, migrant or a runaway, please call this number: Barb Kramer, 607-324-1302

Homeless  Migrant  Runaway

(Homeless Liaison/Migrant Education Coordinator)

4. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions Amount / How Often	Child Support, Alimony Amount / How Often	Pensions, Retirement Payments Amount / How Often	Other Income, Social Security Amount / How Often	No Income <input checked="" type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

5. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

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

Email Address: \_\_\_\_\_ Last Four Digits of Social Security Number: \*\*\*-\*\*-\_\_-\_\_-\_\_

I do not have a SS#

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Address \_\_\_\_\_

#### DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)**  
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

Food Stamp/TANF/Foster  
 Income Household: Total Household Income/How Often: \_\_\_\_\_/\_\_\_\_\_ Household Size: \_\_\_\_\_  
 Free Meals  Reduced Price Meals  Denied/Paid  Temporary Free 45 Days Expires \_\_\_/\_\_\_/\_\_\_

Date Notice Sent: \_\_\_\_\_ Signature of Reviewing Official \_\_\_\_\_

## APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Direct Certification letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions. Sign the application and return the application to the school cafeteria. If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help: (607)324-3759. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

---

**PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.**

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

---

**PART 2 HOUSEHOLDS GETTING FOOD STAMPS, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 5.**

- (1) List a current Food Stamp, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 5. SKIP PART 4. Do not list names of household members or income if you list a food stamp case number, TANF or FDPIR number.

---

**PART 3 Before completing an application for a child who may be homeless, a migrant education student, or a runaway, please call your school's homeless liaison or migrant education coordinator at this number:  
Barb Kramer, (607) 324-1302 (Homeless Liaison/Migrant Education Coordinator)**

---

**PARTS 4 & 5 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 5.**

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) The application must include the last four digits only of the social security number of the adult who signs **PART 5** if Part 4 is completed. If the adult does not have a social security number, check the box. If you listed a food stamp, TANF or FDPIR number, a social security number is not needed.

---

**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

### PRIVACY ACT STATEMENT

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

### DISCRIMINATION COMPLAINTS

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

# POWERING STUDENT LIFE... ONE CLICK AT A TIME!

Your School has joined the **MyLunchMoney.com** Family!

## EASY!

Enrolling and funding is simple and completed online.

## CONVENIENT!

once your account is established, you can check balances and fund the account from your computer, phone or fax.

## SECURE!

Your personal and payment card information is protected by the most advanced internet security.

## ONE TIME!

With our Smart Pay option, money will always be in your child's account. When a low balance is reached money is automatically deposited.



As seen/heard on:  
CNN, PBS, & NPR

## 4 EASY STEPS TO ENROLL:

1

Go to [www.myLunchMoney.com](http://www.myLunchMoney.com) & click on "Enroll Now".

3

Provide credit or debit card information.

2

Create an account for yourself & your children. (You'll need the student's school, grade, birth date & student ID#.)

4

Select the Smart Pay option if desired.



Now!  
With more  
Parent  
Features

# Consent to Release Free or Reduced-Price Eligibility Information

School officials may release information that shows that my child/children are eligible for free or reduced-price meals or free milk to the following programs. I understand that the information will be provided only to the program(s) checked.

(Check the box next to the program area(s) you wish to release information to)

- Federal health programs such as Medicaid or Children's Health Insurance Program (CHIP).
- State or federal programs such as the Youth Summer Work program or the Educational Talent Search program.
- Local health and education programs and other local programs that provide benefits such as free textbooks or school supplies, free band instruments, or reduced fees for summer school or driver education.
- Community programs such as holiday baskets, summer arts and playground programs.
- Programs to reduce testing costs to students taking AP, PSAT and SAT exams.

*I understand that I will be releasing information that will show that my child/children are eligible for free and reduced-price meals or free milk. I give up my right to confidentiality for the program(s) checked.*

Child/Children \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I certify that I am the child's parent/guardian for whom the application was made.*

Signature of Parent/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

## Meal Prices 2011-12

### Breakfast:

K-12 \$1.00

### Lunch:

K-6 \$1.80

7-12 \$2.05

Reduced Meals \$.25

Milk/Ice Cream \$.60

**Prepayment of meals is encouraged.**

## Breakfast

**Daily:** Cereal, Bagels, Muffins,  
Fruit, Juice, Milk

**Monday:** French Toast

**Tuesday:** Breakfast Pizza

**Wednesday:** Breakfast Sandwich

**Thursday:** Waffles

**Friday:** Breakfast Sandwich

## Available Daily

### Bryant, North Hornell, Intermediate

- PBJ Sandwich
- Cheese Sandwich
- Chef Salad
- Tossed Salad
- Bread
- Assorted Canned Fruit
- Assorted Fresh Fruit
- Assorted Juice
- Milk

### High School

- Pizza
- Assorted Subs
- PBJ Sandwich
- Cheese Sandwich
- Chef Salad
- Tossed Salad
- Bread
- Assorted Canned Fruit
- Assorted Fresh Fruit
- Assorted Juice
- Milk



**Complete menus will be sent home at the beginning of school and are available online at**

**[www.hornellcityschools.com](http://www.hornellcityschools.com)**