Highland Rim Head Start Meal Count

		TOTAL NUMB	BER OF BREAKI	FACTC CEDVED	•		
DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL	
		•	•				
D.A. EED	MONDAN		MBER OF LUNC		EDIDAY	TOTAL.	
DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL	
		TOTAL NIIN	MBER OF SNA	CIZC CEDVED			
DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL	
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		TOTAL NUM	BER OF TEAC	HERS SERVEI	D		
DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL	
		•	•	<u> </u>			
	For Office Use				L BREAKFASTS	- 	
	ONTHLY ATTE		-	TOTAL LUNCHES TOTAL SNACKS			
TOTAL EXCUSED ABSENCES TOTAL UNEXCUSED ABSENCES				TOTAL SNACKS TOTAL TEACHER LUNCHES			
				IOIA	L ILISCHER LUI	, CIILS	
	N-SCHEDULEI	JUAIS					
OATL NO	ON-SCHEDULEI THE MONTH	JDA15					

STAFF SIGNATURE