CLASS BAB ROSTER

Teacher's Name:______________ Month ______________________ Room #_______________

DATE

Student's Name	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
(***for cashier's***) TOTAL # MEALS SVD.																									
Total Milk Returned to Kitchen																									
# Meals returned to Kitchen																									
Cashier's initial-verified students fed.																									

Teachers, Please mark absent students with an A and any student that does not take a breakfast with a N so we can correctly document number of students we served breakfast to for our claim. Thank you for making breakfast after the bell a SUCCESS!