



Breakfast Menu

Student's Name: _____

Please make your selections from the items below (all that apply):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Apples | <input type="checkbox"/> Bananas | <input type="checkbox"/> Oranges | <input type="checkbox"/> Grapes |
| <input type="checkbox"/> Strawberries | <input type="checkbox"/> Blueberries | <input type="checkbox"/> Vanilla Low-Fat Yogurt | |
| <input type="checkbox"/> Granola | <input type="checkbox"/> Oatmeal | <input type="checkbox"/> Skim Milk | <input type="checkbox"/> 2% Milk |
| <input type="checkbox"/> Soy Milk | <input type="checkbox"/> Corn Flake Cereal | <input type="checkbox"/> Cheerios | <input type="checkbox"/> Rice Chex Cereal |
| <input type="checkbox"/> Shredded Wheat | <input type="checkbox"/> Raisin Bran Cereal | <input type="checkbox"/> Whole Grain Bread | <input type="checkbox"/> Peanut Butter |
| <input type="checkbox"/> Strawberry Jam | <input type="checkbox"/> Grape Jelly | <input type="checkbox"/> Whole Grain Waffles | <input type="checkbox"/> Maple Syrup |
| <input type="checkbox"/> Orange Juice | <input type="checkbox"/> Apple Juice | <input type="checkbox"/> Cranberry Juice | |

Students will enjoy breakfast in their suite's kitchen. Resident Advisor(s) will assist them with any preparation necessary.

Please list any special needs for breakfast below:
