

**SHELBY COUNTY SCHOOLS BREAKFAST MENU**

Oct-08

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		CHOICE OF JUICE OR FRUIT  SCHOOLS FAVORITE BREAKFAST SANDWICH 1 OR CEREAL AND TOAST  *MILK 1	CHOICE OF JUICE OR FRUIT  FRENCH TOAST 4 LITTLE SMOKIES 3 OR CEREAL AND TOAST  *MILK 2	CHOICE OF JUICE OR FRUIT  SCHOOLS FAVORITE HOT BREAD OR CEREAL AND TOAST  *MILK 3
CHOICE OF JUICE OR FRUIT  BREAKFAST PIZZA 1 OR CEREAL AND TOAST  *MILK 6	CHOICE OF JUICE OR FRUIT  SAUSAGE AND BISCUIT 1 OR CEREAL AND TOAST  *MILK 7	CHOICE OF JUICE OR FRUIT  SCHOOLS FAVORITE BREAKFAST SANDWICH 1 OR CEREAL AND TOAST  *MILK 8	CHOICE OF JUICE OR FRUIT  FRENCH TOAST 4 LITTLE SMOKIES 3 OR CEREAL AND TOAST  *MILK 9	CHOICE OF JUICE OR FRUIT  SCHOOLS FAVORITE HOT BREAD OR CEREAL AND TOAST  *MILK 1
FALL BREAK  *OCTOBER 13	FALL BREAK  *OCTOBER 14	CHOICE OF JUICE OR FRUIT  SCHOOLS FAVORITE BREAKFAST SANDWICH 1 OR CEREAL AND TOAST  *MILK 15	CHOICE OF JUICE OR FRUIT  FRENCH TOAST 4 LITTLE SMOKIES 3 OR CEREAL AND TOAST  *MILK 16	CHOICE OF JUICE OR FRUIT  SCHOOLS FAVORITE HOT BREAD OR CEREAL AND TOAST  *MILK 17
CHOICE OF JUICE OR FRUIT  BREAKFAST PIZZA 1 OR CEREAL AND TOAST  *MILK 2	CHOICE OF JUICE OR FRUIT  SAUSAGE AND BISCUIT 1 OR CEREAL AND TOAST  *MILK 21	CHOICE OF JUICE OR FRUIT  SCHOOLS FAVORITE BREAKFAST SANDWICH 1 OR CEREAL AND TOAST  *MILK 22	CHOICE OF JUICE OR FRUIT  FRENCH TOAST 4 LITTLE SMOKIES 3 OR CEREAL AND TOAST  *MILK 23	CHOICE OF JUICE OR FRUIT  SCHOOLS FAVORITE HOT BREAD OR CEREAL AND TOAST  *MILK 24
CHOICE OF JUICE OR FRUIT  BREAKFAST PIZZA 1 OR CEREAL AND TOAST  *MILK 27	CHOICE OF JUICE OR FRUIT  SAUSAGE AND BISCUIT 1 OR CEREAL AND TOAST  *MILK 28	CHOICE OF JUICE OR FRUIT  SCHOOLS FAVORITE BREAKFAST SANDWICH 1 OR CEREAL AND TOAST  *MILK 29	CHOICE OF JUICE OR FRUIT  FRENCH TOAST 4 LITTLE SMOKIES 3 OR CEREAL AND TOAST  *MILK 3	CHOICE OF JUICE OR FRUIT  SCHOOLS FAVORITE HOT BREAD OR CEREAL AND TOAST  *MILK 31

IN ACCORDANCE WITH FEDERAL LAW AND USDA POLICY THIS INSTITUTION IS PROHIBITED FROM DISCRIMINATING ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY.

**\*CHOICE OF 1%, 2%, OR LOWFAT CHOCOLATE \*FLAVORED, OR SKIM MILK**

- MILK 1 CUP
- JUICE/FRUIT/VEGETABLE 1/2 CUP
- SELECT ONE SERVING FROM EACH OF THE FOLLOWING COMPONENTS;
- OR TWO FROM ONE COMPONENT; OR AN EQUIVALENT COMBINATION
- GRAINS 1 SERVING
- MEAT/MEAT ALTERNATE 1 OUNCE