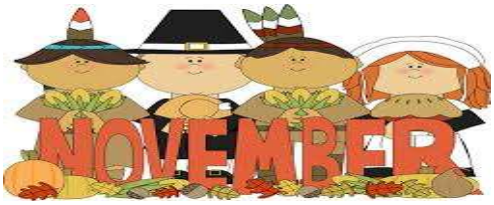
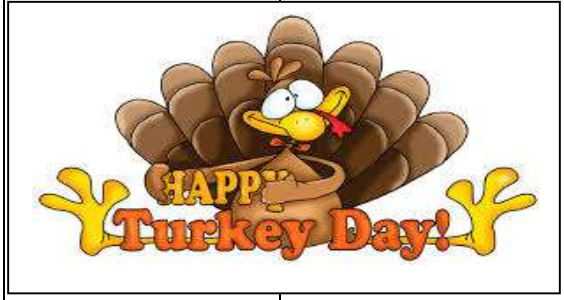
November 2025

Bayonne *PRE – K Offsite & Elementary Schools Breakfast Menu*

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
NOVEMBER				
3 Trix Breakfast Cereal Pack Milk Selection Graham Crackers or Animal Crackers 100% Pure Fruit Juice Apple	4 **SCHOOL CLOSED** **FALL BREAK NOVEMBER** **4th - 11th**	5	6	7
10 FALL BREAK SCHOOL CLOSED	11 VETERAN'S DAY SCHOOLS CLOSED	12 Apple Jacks Breakfast Pack Milk Selection Graham Crackers or Animal Crackers 100% Pure Fruit Juice Apple	13 Cocoa Puffs Cereal Breakfast Pack Milk Selection Graham Crackers or Animal Crackers 100% Pure Fruit Juice Apple	14 Lucky Charms Cereal Breakfast Pack Milk Selection Graham Crackers or Animal Crackers 100% Pure Fruit Juice Apple
17 Golden Grahams Cereal Breakfast Pack Milk Selection Graham Crackers or Animal Crackers 100% Pure Fruit Juice Apple	18 Fruity Cheerios Breakfast Pack Bar Breakfast Pack Milk Selection Graham Crackers or Animal Crackers 100% Pure Fruit Juice Apple	19 Trix Breakfast Cereal Pack Milk Selection Graham Crackers or Animal Crackers 100% Pure Fruit Juice Apple	20 Apple Jacks Breakfast Pack Milk Selection Graham Crackers or Animal Crackers 100% Pure Fruit Juice Apple	21 Muffin Breakfast Pack Milk Selection Graham Crackers or Animal Crackers 100% Pure Fruit Juice Apple
24 Lucky Charms Cereal Breakfast Pack Milk Selection Graham Crackers or Animal Crackers 100% Pure Fruit Juice Apple	25 Froot Loops Cereal Breakfast Pack Milk Selection Graham Crackers or Animal Crackers 100% Pure Fruit Juice Apple	26 Coco Puffs Breakfast Cereal Pack Milk Selection Graham Crackers or Animal Crackers 100% Pure Fruit Juice Apple	27 	28

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Bayonne *PRE – K Offsite & Elementary Schools Breakfast Menu*

ELEMENTARY BREAKFAST ORDER FORM

NOVEMBER 12- breakfast serving days
Universal Breakfast = N/C

Menu Subject to Change

All meals include:
Entrée with Fortified Cereal
Whole Grain/Enriched Bread
100% Pure Fruit Juice
And Milk

Please cut on dotted line

NOVEMBER BREAKFAST

Student's Name_____

Teacher's Name_____

Room # _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

To better serve the breakfast needs of the students of the Bayonne School District please let us know if your child will be participating in the breakfast program.

Please check yes or no in the boxes below.

Yes ☐ No ☐