

**SACRED HEART CATHOLIC SCHOOL
MILK PROGRAM
PREPAYMENT ORDER FORM**

Please complete a separate order form for each child participating in the milk program.

STUDENT NAME : _____

TEACHER : _____

PARENT/GUARDIAN SIGNATURE : _____

INSTRUCTIONS:

Please place a W in the box for each day you wish your child to receive white milk or a C in the box for each day you wish your child to receive chocolate milk.

December 2016

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Total # of White Milk
X	X	X	1	2	
5	6	7	8	9	+
					Total # of Chocolate Milk
12	13	14	15	16	=
					Overall Total of Milk
19	20	21	22	23	x 1.00
					=
26 No School	27 No School	28 No School	29 No School	30 No School	\$
					payable to Sacred Heart Catholic School

Please return this form and payment to the school no later than 9:00 a.m. on Monday, November 21st, 2016 to begin Thursday, December 1st, 2016.