

**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.

September 2016

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Total # of White Milk
			1	2	
					+ Total # of Chocolate Milk
5	6	7	8	9	= Overall Total of Milk
12	13	14	15	16	
19	20	21	22	23	x 1.00
					=
					\$
26	27	28	29	30	payable to Sacred Heart Catholic School

Please return this form and payment to the school no later than 9:00 a.m. on Wednesday, September 14th, 2016 to begin Tuesday, September 20th, 2016.