Prepayment Order Form

Student Name:



Teacher:

Grade:

Parent / Guardian Signature:

Instructions:

If you wish to pre-order, please complete the following calendar for the month of September. Indicate white milk with a <u>w</u>, chocolate milk with a <u>c</u>, and specify the quantity on the appropriate days. While we will still accept daily orders for milk & hot lunches, we encourage you to consider this option, as it will help facilitate our ordering and availability.

Monday	Tuesday	Wednesday	Thursday	Friday
19	20	21	22	23
15		Soup Day		Pizza Day
		(Chicken Noodle)		
26	27	28	29	30
20		Subway Day		Pizza Day
		eat fresh.		
Please note: Milk Program begins Monday, Sept. 19 th . Pizza Lunches will take place every Friday, commencing Sept. 23 rd .				
Total # of <i>white</i> milk				=
Total # of <i>chocolate</i> milk			x \$ 1.00	=
Total # for soup (Ch	icken Noodle)	x \$ 1.00	=	
Total # of <i>pizza</i>				=

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Agenda

Overall Total =

\$ 5.00 =

Note: Please return this form to the school by 9:00 a.m. on Friday, Sept. 16th.