

ST. HUBERT SCHOOL MILK ORDER FORM

MILK ORDER FORM FOR THE ENTIRE SCHOOL YEAR

August 24, 2010 – June 2, 2011

170 DAYS @ .40 = \$68.00

YOU MUST ORDER MILK

TO PARTICIPATE IN THE HOT LUNCH PROGRAM

PLEASE USE A SEPARATE ORDER FORM FOR EACH CHILD.

NAME _____

ROOM _____ GRADE _____

CASH _____ CHECK # _____ TOTAL AMT. _____

Please circle the number of milks ordered for this student: 1 or 2

(2 milks will cost \$136.00)

1%, Skim and Chocolate Milk are offered to all participating students.

Please submit a doctor's note if your child is allergic or intolerant to milk products but you would like to order from the hot lunch program.

ST. HUBERT SCHOOL MILK ORDER FORM

MILK ORDER FORM FOR THE ENTIRE SCHOOL YEAR

August 24, 2010 – June 2, 2011

170 DAYS @ .40 = \$68.00

YOU MUST ORDER MILK

TO PARTICIPATE IN THE HOT LUNCH PROGRAM

PLEASE USE A SEPARATE ORDER FORM FOR EACH CHILD.

NAME _____

ROOM _____ GRADE _____

CASH _____ CHECK # _____ TOTAL AMT. _____

Please circle the number of milks ordered for this student: 1 or 2

(2 milks will cost \$136.00)

1%, Skim and Chocolate Milk are offered to all participating students.

Please submit a doctor's note if your child is allergic or intolerant to milk products but you would like to order from the hot lunch program.