

ST. HUBERT SCHOOL MILK ORDER FORM

MILK ORDER FORM FOR THE ENTIRE SCHOOL YEAR

August 25, 2009 – June 4, 2010

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.

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