

Monthly Lunch/Milk Order Form


Student Name:

Room:

Grade:

Parent Signature:

If writing a check, please make
payable to: DOC Nutrition Services

of Days Lunch Desired
(Milk included with lunch) 

Multiplied by Lunch Cost
Paid \$3.00, Reduced 0.00¢ or Free

Total Lunch Cost

of Days Milk Only Desired

Multiplied by Milk Cost
50¢

Total Milk Cost

Grand Total
(Lunch plus Milk)

Please place only one symbol per day:

L = Lunch

M = Milk only (milk is included with the lunch)

February 2024

Monday	Tuesday	Wednesday	Thursday	Friday
			Blue 1	2
Green 5	6	7	8	9
Yellow 12	13	14	15	16
19 PRESIDENTS' DAY School	Orange 20	21	22	23 no school
Blue 26	27	28	29	

This institution is an equal opportunity provider

Database Name: MonthlyParentOrderForms; Layout Name: OneItem