

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 40¢ or Free	
<u>Total Lunch Cost</u>	FREE ! 😊
# of Days Milk Only Desired	
Multiplied by Milk Cost 50¢ →	
<u>Total Milk Cost</u>	
<u>Grand Total</u> (Lunch plus Milk)	

.50¢ milk only

Please place only one symbol per day:

L = Lunch

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

February 2021

Monday	Tuesday	Wednesday	Thursday	Friday
Week 4-Orange 1	2	3	4	5
Week 1-Blue 8	9	10	11	12
15 PRESIDENTS' DAY NO School	Week 2-Green 16	17	18	19
Week 3-Yellow 22	23	24	25	26

This institution is an equal opportunity provider

Database Name: MonthlyParentOrderForms; Layout Name: Oneletter

Return order by January 29 ✨ !