Return by November 21

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 $3.25, 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)	

$2.00 Xtra entree

Please place only one symbol per day:

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

December 2025

Monday	Tuesday	Wednesday	Thursday	Friday
1 Blue	2 *2nd	3 *6th	4	5
8 Green	9	10 *4th	11	12
15 Yellow	16	17	18	19
22 Orange	23	24	25 CHRISTMAS	26
29	30	31 NEW YEAR'S EVE		

* field trip - no hot lunch