

Return by Dec 19

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)

Please place only one symbol per day:

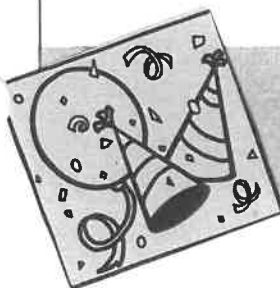
L = Lunch

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

with a new year
happy

January 2026

Monday	Tuesday	Wednesday	Thursday	Friday
			1 NEW YEAR'S DAY	2
Blue 5	6	7	8	9
Green 12	13	14	15	16
19 MARTIN LUTHER KING DAY No School	Yellow 20	21	22	23
Orange 26	27	28	29	30



equal opportunity provider