

RETURN BY DEC. 20

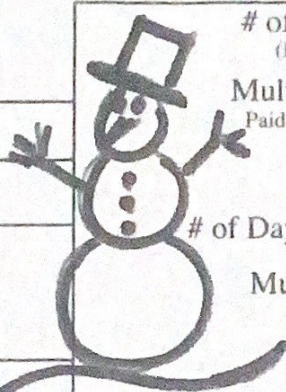
Monthly Lunch/Milk Order Form

Student Name: _____

Room: _____

Grade: _____

Parent Signature: _____



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)

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

One check for siblings
is fine!

Please place only one symbol per day:

L = Lunch

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

January 2024

"See new menu for 2024"

Monday	Tuesday	Wednesday	Thursday	Friday
1 NEW YEAR'S DAY	2 Blue X	3 X	4	5
6 Green	7	8	9	10
11 Green	12	13	14	15
16 no MARTIN LUTHER KING DAY School	17 Yellow	18	19	20
21 Orange	22	23	24	25
26 Blue	27	28	29	30
31				

HAPPY NEW YEAR!

This institution is an equal opportunity provider

Database Name: Monthly/Parent/OrderForm; Layout Name: ClinItem