

Monthly Lunch/Milk Order Form

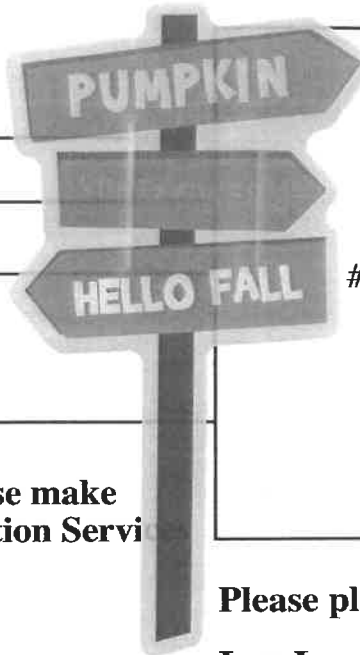
Student Name: _____

Room: _____

Grade: _____

Parent Signature: _____

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



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

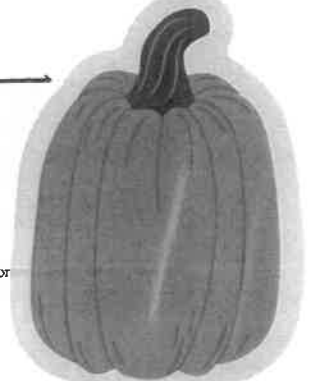
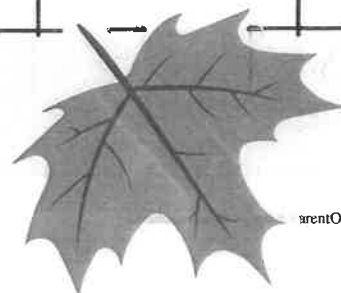
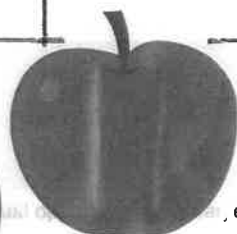
M = Milk only (milk is included with the lunch)



October 2025

Return by Sept 30

Monday	Tuesday	Wednesday	Thursday	Friday
		Orange 1	2	3
Blue 6	7	8	9	10
Green 13	14	15	16	17
Yellow 20	21	22	23	24
Orange 27	28	29	30	31



employer, and lender.

arentOrderFor