

FOR SCHOOL USE ONLY

Students Name _____

Check# _____

Teacher's Name _____ Grade _____

Amount _____

Month of **MARCH 2012**

Date Rec'd _____

COLLECTION DATE: FEBRUARY 8, 2012

Students Eligible for free lunch must indicate choice and return the order sheet to school in order to participate in the lunch program for the month

Please indicate the Milk Preference with Meal Selections on the Calendar below:

(H-Hot lunch, C-Chicken Caesar Salad, S-Chef's Salad)
(1% Milk, Low Fat Chocolate)

If no selection is indicated for milk, 1% milk will be given

MARCH 2012

Full Price: \$2.50 per day
Reduced Price: \$.40 per day

			1	2 NO SCHOOL
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23

Milk Only: 40 cents per day

Meals: **(including milk)**

_____ Days X _____ cost

MILK ONLY:

_____ Days X _____ cost

Total enclosed \$ _____

**21 Days of Lunch Available this
Month**

26	27	28	29	30
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