

# Monthly Lunch/ Milk Order Form (Due by NOV. 24)

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

TOTAL HOT LUNCH COST-	FREE
# of Days Milk Only Desired	_____
Multiplied by Cost	_____
\$ .50	_____
TOTAL MILK COST	_____

**IF your child chooses to buy LUNCH:**

Place the letter “L” for the Lunch

Place the letter “M” on the appropriate day for Milk only.

## DECEMBER 2020

	Monday	Tuesday	Wednesday	Thursday	Friday
Orange Week		1	2	3	4
Blue Week	7	8	9	10	11
Green Week	14	15	16	17	18
Yellow Week	21	22	23	24	25
Orange Week	28	29	30	31	

**PLEASE MAKE ALL CHECKS PAYABLE TO: “DOC NUTRITION SERVICES”**

*This institution is an equal opportunity provider and employer*