CAFETERIA LUNCH ORDER FORM -PLEASE USE ONE FORM PER STUDENT EVERY MONTH, UNLESS ORDERING FOR THE ENTIRE SEMESTER OR YEAR

Student Name: _____ Grade _____

Month: _____

Choose the option below:

- My student is ordering the cafeteria lunch every day this month
- My student is ordering the cafeteria lunch on the following days this month

List dates (i.e. 3/12, 3/13, 3/15, etc.)

_____
_____
_____
_____

- My student will pack their lunch and is ordering milk/water on the following days this month:

List dates:

_____
_____
_____
_____

Choose your child's beverage:

- Chocolate Milk, 8 oz Skim
- White Milk, 8 oz Skim
- Bottled Water, 10 oz

Parent Signature: _____

Date of Order: _____

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