

MILK ORDER FORM
For September/October, 2018

Student's Name _____

Grade _____

Please circle **one**:

Chocolate Milk **OR** White Milk

K – 8th Grade: \$6.15

Please fill out and return this *form and payment* with your child no later than **WEDNESDAY, AUGUST 29, 2018**. Late orders *will not* be accepted.

Please write separate checks for Milk & Hot Lunch orders. Thank you.

FOR OFFICE USE ONLY:

Method of Payment: Check # _____ or Cash _____

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