

St. Jerome School Milk Program & Lunches...

Prepayment Order Form



Student Name: _____







Teacher: _____

Grade: _____

Parent / Guardian Signature: _____

Instructions:

If you wish to pre-order, please complete the following calendar for the month of October. Indicate white milk with a w, chocolate milk with a c, and specify the quantity on the appropriate days. While we will still accept daily orders for milk & hot lunches, we encourage you to consider this option, as it will help facilitate our ordering and availability.

Monday	Tuesday	Wednesday	Thursday	Friday
		1	2	3 Pizza Day 
6	7	8	9	10 Pizza Day 
13 Happy Thanksgiving !	14	15	16	17 Pizza Day 
20	21	22	23	24 Pizza Day 
27	28	29 Subway Day 	30	31 Pizza Day 

Total # of *white* milk x \$ 1.00 = _____

Total # of *chocolate* milk x \$ 1.00 = _____

Total # of *pizza* x \$ 2.00 = _____

Agenda \$ 5.00 = _____

Snack Contribution = _____

Overall Total = _____

Note: Please return this form to the school by 9:00 a.m. on Tuesday, Sept. 30th.