

St. Jerome School Milk Program & Pizza...

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 November. 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 Professional Activity Day – No School !	2	3  Pizza Day
6	7	8	9	10  Pizza Day
13	14	15	16	17  Pizza Day
20	21	22	23	24  Pizza Day
27	28	29 	30	

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

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

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

Snack Contribution = _____

Overall Total = _____

Note: Please return this form to the school by 9:00 a.m. on Friday, Oct. 27th.