

**SACRED HEART CATHOLIC SCHOOL
MILK PROGRAM
PREPAYMENT ORDER FORM**

Please complete a separate order form for each child participating in the milk program.

STUDENT NAME : _____

TEACHER : _____

PARENT/GUARDIAN SIGNATURE : _____

INSTRUCTIONS:

Please place a W in the box for each day you wish your child to receive white milk or a C in the box for each day you wish your child to receive chocolate milk.

November 2016

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Total # of White Milk
	1	2	3	4	
7 P.A. DAY -No school-	8	9	10	11	+ Total # of Chocolate Milk
14	15	16	17	18	= Overall Total of Milk
21	22	23	24	25	x 1.00
					=
28	29	30			\$ payable to Sacred Heart Catholic School

Please return this form and payment to the school no later than 9:00 a.m. on Monday, October 17th, 2016 to begin Tuesday, November 1st, 2016.