

**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.

October 2016

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Total # of White Milk
3	4	5	6	7	
10	11	12	13	14	+ Total # of Chocolate Milk
17	18	19	20	21	= Overall Total of Milk
24	25	26	27	28	x 1.00
31					= \$ payable to Sacred Heart Catholic School

Please return this form and payment to the school no later than 9:00 a.m. on Monday, September 19th, 2016 to begin Monday, October 3rd, 2016.