

St. Jerome School Milk Program & Hot 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 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
3	4	5	6	7 Pizza Day 
10 <i>Professional Activity Day</i>	11	12	13	14 Pizza Day 
17	18	19	20	21 Pizza Day 
24	25	26 Subway Day 	27	28 Pizza Day 

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 Thursday, Oct. 30th.