

## October 2015 Lunch Order Form

Dear Parents,

Please complete this form and return it to school by Monday September 28, 2015 along with the amount due. The cost of lunch is \$2.70 per day and 1% white milk or fat-free chocolate milk is included. If your child brings lunch and would like milk, the cost is \$0.35 per day. If you would like your child to have snack milk it is an additional \$0.35 per day.

Please mark the day with **R** for regular lunch, **CN** for chicken nuggets, **Y** for yogurt fun plate, **B** for bagel fun plate or **SB** for a sunbutter and jelly sandwich, all of which are offered daily. If your child prefers the alternate main offered on a specific date please use the appropriate letter(s).

If paying by check, please make it payable to **KES Hot Lunch Program** for the full amount due.

### KES Hot Lunch

			Oct 1 _____	Oct 2 _____
Oct 5 _____	Oct 6 _____	Oct 7 _____	Oct 8 _____	Oct 9 _____
Oct 12 <u>  NS  </u>	Oct 13 _____	Oct 14 _____	Oct 15 _____	Oct 16 _____
Oct 19 _____	Oct 20 _____	Oct 21 _____	Oct 22 _____	Oct 23 _____
Oct 26 _____	Oct 27 _____	Oct 28 _____	Oct 29 _____	Oct 30 _____

Please indicate choice of milk: Chocolate \_\_\_\_\_ White \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade/Teacher \_\_\_\_\_ \$2.70/ day or \$56.70/month \$ \_\_\_\_\_

### Cold Lunch Milk

			Oct 1 _____	Oct 2 _____
Oct 5 _____	Oct 6 _____	Oct 7 _____	Oct 8 _____	Oct 9 _____
Oct 12 <u>  NS  </u>	Oct 13 _____	Oct 14 _____	Oct 15 _____	Oct 16 _____
Oct 19 _____	Oct 20 _____	Oct 21 _____	Oct 22 _____	Oct 23 _____
Oct 26 _____	Oct 27 _____	Oct 28 _____	Oct 29 _____	Oct 30 _____

Please indicate choice of milk: Chocolate \_\_\_\_\_ White \_\_\_\_\_ \$0.35 /day or \$7.35/month \$ \_\_\_\_\_

### Snack Milk

			Oct 1 _____	Oct 2 _____
Oct 5 _____	Oct 6 _____	Oct 7 _____	Oct 8 _____	Oct 9 _____
Oct 12 <u>  NS  </u>	Oct 13 _____	Oct 14 _____	Oct 15 _____	Oct 16 _____
Oct 19 _____	Oct 20 _____	Oct 21 _____	Oct 22 _____	Oct 23 _____
Oct 26 _____	Oct 27 _____	Oct 28 _____	Oct 29 _____	Oct 30 _____

Please indicate choice of milk: Chocolate \_\_\_\_\_ White \_\_\_\_\_ \$0.35/day or \$7.35/month \$ \_\_\_\_\_

**Total due for the month of October \$ \_\_\_\_\_**