



STUDENT'S NAME: \_\_\_\_\_

ROOM #: \_\_\_\_\_

**December Order Form**

**This form must be submitted by Friday, November 20, 2015.**

Please review the attached menus and check off the day(s) your child would like to order breakfast and/or lunch.

An order form must be submitted in order to receive a meal.

Payments must be submitted with this order form in order for your child to receive a breakfast/lunch.

**Breakfast – Cost \$1.70** (If you qualify for reduced, the rate is \$0.30)

**Lunch - Costs \$3.05** (If you qualify for reduced, the rate is \$0.40 for each meal.

If you qualify for free lunch, no payment is due. Make checks payable to AMA.

**(Please put an X to indicate you would like to purchase that meal)**

Day of the week	Breakfast	Lunch
Tuesday, December 1, 2015		
Wednesday, December 2, 2015		
Thursday, December 3, 2015		
Friday, December 4, 2015	No School	Conferences
Monday, December 7, 2015		
Tuesday, December 8, 2015		
Wednesday, December 9, 2015		
Thursday, December 10, 2015		
Friday, December 11, 2015		
Monday, December 14, 2015		
Tuesday, December 15, 2015		
Wednesday, December 16, 2015		
Thursday, December 17, 2015		
Friday, December 18, 2015		
Winter Break	No School	No School
December 21 to January 1		
<b>Total</b>		

Total Amount Due: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Form of Payment:      Check # \_\_\_\_\_      Cash      Money Order

Total Amount Paid: \_\_\_\_\_      Initials: \_\_\_\_\_