

MEAL ORDER FORM

Student Name: _____

Teacher: _____

Week of: January 2 - January 5

	MONDAY	TUESDAY	WED.	THURS.	FRIDAY
Breakfast	no school				
Hot Lunch	no school				
Lunch II	no school				
Lunch III Romaine Salad	no school				
Milk only Circle white or chocolate	White or Chocolate	White or Chocolate	White or Chocolate	White or Chocolate	White or Chocolate

Week of: January 15 - January 19

	MONDAY	TUESDAY	WED.	THURS.	FRIDAY
Breakfast	no school				
Hot Lunch	no school				
Lunch II	no school				
Lunch III Romaine Salad	no school				
Milk only Circle white or chocolate	White or Chocolate	White or Chocolate	White or Chocolate	White or Chocolate	White or Chocolate

Week of: January 29 - January 31

	MONDAY	TUESDAY	WED.	THURS.	FRIDAY
Breakfast					
Hot Lunch					
Lunch II					
Lunch III Romaine Salad					
Milk only Circle white or chocolate	White or Chocolate	White or Chocolate	White or Chocolate	White or Chocolate	White or Chocolate

Week of: January 8 - January 12

	WEEK 2	MONDAY	TUESDAY	WED.	THURS.	FRIDAY
Breakfast						
Hot Lunch						
Lunch II						
Lunch III Romaine Salad						
Milk only Circle white or chocolate	White or Chocolate	White or Chocolate	White or Chocolate	White or Chocolate	White or Chocolate	White or Chocolate

Week of: January 22 - January 26

	WEEK 4	MONDAY	TUESDAY	WED.	THURS.	FRIDAY
Breakfast						
Hot Lunch						
Lunch II						
Lunch III Romaine Salad						
Milk only Circle white or chocolate	White or Chocolate	White or Chocolate	White or Chocolate	White or Chocolate	White or Chocolate	White or Chocolate

SELECTIONS	TOTAL ordered	COST	TOTAL Due
BREAKFAST		1.40 (0.30 reduced)	
MILK ONLY		\$0.50	
HOT LUNCH		2.75 (0.40 reduced)	
LUNCH II		2.75 (0.40 reduced)	
LUNCH III (COLD)		2.75 (0.40 reduced)	
TOTAL ENCLOSED			