

Return this portion of the lunch form with
your payment to school. Make checks

Child's name _____
Teacher's
Name _____
Please indicate the days you need lunch
and quantity of milk needed.

		Meals	Drinks
		\$3.50	\$0.50
Mar	2	_____	_____
Mar	3	_____	_____
Mar	4	_____	_____
Mar	5	_____	_____
Mar	6	_____	_____
Mar	9	_____	_____
Mar	10	_____	_____
Mar	11	_____	_____
Mar	12	_____	_____
Mar	13	_____	_____
Mar	16	_____	_____
Mar	17	_____	_____
Mar	18	_____	_____
Mar	19	_____	_____
Mar	20	_____	_____
Mar	30	_____	_____
Mar	31	_____	_____
		_____	_____
		_____	_____
TOTAL		_____	_____

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Mar	12	_____	_____
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Mar	16	_____	_____
Mar	17	_____	_____
Mar	18	_____	_____
Mar	19	_____	_____
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Mar	20	_____	_____
Mar	30	_____	_____
Mar	31	_____	_____
		_____	_____
		_____	_____
TOTAL		_____	_____