

**ST. JOSEPH CATHOLIC SCHOOL
MILK ORDER FORM
Trimester I**



FAMILY NAME: _____

DUE DATE: Friday, September 11th
(Unfortunately, no late orders will be accepted)

Number of milk days in trimester (not including minimum days) - 36 days

Milk and juice will start being served on MON., SEPT. 21st FOR TRIMESTER I

STUDENT NAME	GRADE	(PLEASE CIRCLE 1 PER CHILD)	
_____	_____	CHOC MILK	1% MILK
_____	_____	CHOC MILK	1% MILK
_____	_____	CHOC MILK	1% MILK
_____	_____	CHOC MILK	1% MILK

COST :	# OF DAYS	AMT	# OF CHILDREN	TOTAL
CHOC MILK .24 cents/day	36 X .24 cents	= \$ 8.64	x _____	= _____
1% MILK .23 cents/day	36 X .23 cents	= \$ 8.28	x _____	= _____

TOTAL AMOUNT = _____

IMPORTANT.....

PLEASE remember that you must reorder each trimester for your child(ren) to receive milk. Also, if you are placing hot lunch orders at the same time as this milk order, you must write separate checks for each of the hot lunch programs and another check for the milk program (hot lunch orders and checks are forwarded to the chairpersons for each program and are deposited into the Parent Club account). Thank You!