

MILK ORDER FORM

RETURN BY: NOVEMBER 17TH, 2016

Student Name: _____

Teacher Name: _____

Each child must return a form to their teacher. Please indicate your choice of milk with a “W” for white or “C” for chocolate on the calendar.

December

Monday	Tuesday	Wednesday	Thursday	Friday
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23 Board Holiday

January

Monday	Tuesday	Wednesday	Thursday	Friday
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

Total # of White Milk: _____

Total # of Chocolate Milk: _____

Total # of Milk _____ X \$ 1.00 = _____

If more than one child in the family is ordering, please indicate with whom the money is sent.

Money sent with: _____; Teacher: _____