Name of student: _____ Grade: _____

Lunches for the week of: _____ *(Monday's date, please.)*

Amt. enclosed: _____ # of lunches: ____ milk only: ____ ice creams: ____ extra portions: ____
($3.25/day) ($.75 per day) ($1.00 per day) ($.75/day. Of entrée only.)

Please circle the days lunch, milk only, or ice cream is desired for this week:

Mon.	**Tues.**	**Wed.**	**Thurs.**	**Fri.**	
Lunch	Lunch	Lunch	Lunch	Lunch	**Tues.** ice cream
Extra portion	Extra portion	Extra portion	Extra portion	Extra portion	
Milk only	Milk only	Milk only	Milk only	Milk only	**Thurs.** ice cream

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