



MILK ORDER FORM

Student Name: _____ Teacher: _____

W - white milk

C - chocolate milk

Reminder: Do not order on Mondays if you have ordered a drink with your Lunch Mom's order

OCTOBER				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3rd	4th	5th	6th	7th
10th THANKS GIVING	11th	12th	13th	14th
17th	18th	19th	20th	21st
24th	25th	26th	27th	28th
31st	LEAVE	THIS	AREA	BLANK

NOVEMBER				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
LEAVE BLANK	1st	2nd	3rd	4th
7th	8th	9th	10th	11th
14th	15th	16th	17th	18th PA DAY NO SCHOOL
21st	22nd	23rd	24th	25th
28th	29th	30th	LEAVE BLANK	LEAVE BLANK

PLEASE SEE OTHER SIDE FOR DECEMBER AND TOTALS

DECEMBER				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
LEAVE BLANK	LEAVE BLANK	LEAVE BLANK	1st	2nd
5th	6th	7th	8th	9th
12th	13th	14th	15th	16th
19th	20th	21st	22nd	23rd

TOTAL WHITE MILK: _____

TOTAL CHOCOLATE MILK: _____

OVERALL TOTAL: _____ **x .80 cents**

AMOUNT ENCLOSED: _____

**PLEASE RETURN THIS ORDER FORM AND MONEY BY
Wednesday September 21st**

If you are paying by cheque, please make payable to All Saints School Council