



KEEP TOP FOR HOME

Name: _____

LUNCH/MILK WEEKLY PLAN

Please plan for your child's week ahead. The bottom of this form should be sent in on MONDAY (or the first school day of each week) along with the appropriate payment for the entire week. Place a check mark in each box that applies for your child's lunch/milk each day. (There should be at least one check mark for each day.)

Choices	Price	Monday	Tuesday	Wednesday	Thursday	Friday	
Bag Lunch (Home)	\$.00						
Hot Lunch	\$ 2.00						
Bag Lunch (School)	\$ 2.00						
Yogurt Lunch	\$ 2.00						
PB&J Lunch	\$ 2.00						
Milk only (lunch)	\$.50						
Total \$\$ Each Day →							
						TOTAL FOR WEEK →	



SEND BOTTOM TO SCHOOL

(This should match the top EXACTLY.)

LUNCH/MILK WEEKLY PLAN



Please send this half of the form on MONDAY (or the first school day) of each week along with the appropriate payment for the entire week. Name: _____

Place a check mark in each box that applies for your child's lunch/milk each day. (There should be at least one check mark for each day.)

Choices	Price	Monday	Tuesday	Wednesday	Thursday	Friday	
Bag Lunch (Home)	\$.00						
Hot Lunch	\$ 2.00						
Bag Lunch (School)	\$ 2.00						
Yogurt Lunch	\$ 2.00						
PB&J Lunch	\$ 2.00						
Milk only (lunch)	\$.50						
Total \$\$ Each Day →							
						TOTAL FOR WEEK →	

Send Monday!