



Marysville Public School
LUNCH ORDER FORM
JANUARY 2019

Name: _____

Thurs, Jan 10: Macaroni gratin, side of veggies (FREE)

Please check if you wish to order.

Thurs, Jan 17: Chili - \$4

Please check if you wish to order.

Thurs, Jan 24: Celery & tomato soup with homemade buns - \$4

Please check if you wish to order.

Thurs, Jan 31: Homemade pizza rounds & side of fruit - \$4

Please check if you wish to order.

Total: \$_____ enclosed.

Please return lunch order form by December 20

Payment is to accompany order form.

Cash accepted. Cheques are payable to: *Marysville Public School*

The Elementary School Milk Program



ELEMENTARY SCHOOL
MILK PROGRAM

PREPAYMENT ORDER FORM

STUDENT NAME:

TEACHER:

PARENT/GUARDIAN SIGNATURE:

INSTRUCTIONS: Please place a "W" in the box for each day you wish your child to receive White Milk and place a "C" in the box for each day you wish your child to receive Chocolate Milk.

*For the Period of January 7-31

Monday	Tuesday	Wednesday	Thursday	Friday	
					Total number of White Milk _____
7	8	9	10	11	x \$ 1.00
					= _____
14	15	16	17	18	Total number of Chocolate Milk _____
21	22	23	24	25	x \$ 1.00
					= _____
28	29	30	31	PA DAY	Overall total \$ _____

Please return order form before:

(Date)

Payment to accompany milk order.

Correct cash or cheque payable to Marysville P.S.