

# Monthly Lunch/Milk Order Form

Student Name: \_\_\_\_\_

Room: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**If writing a check, please make payable to: DOC Nutrition Services**

|  |  |
|--|--|
| # of Days Lunch Desired<br>(Milk included with lunch) →        |  |
| Multiplied by Lunch Cost<br>Paid \$3.25, Reduced 0.00¢ or Free |  |
| Total Lunch Cost   |  |
| # of Days Milk Only Desired                                    |  |
| Multiplied by Milk Cost<br>50¢                                 |  |
| Total Milk Cost  |  |
| Grand Total<br>(Lunch plus Milk)                               |  |

**Please place only one symbol per day:**

**L = Lunch**

**M = Milk only (milk is included with the lunch)**

## March 2026

|        | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|--------|---------|-----------|----------|--------|
| Blue   | 2      | 3       | 4         | 5        | 6      |
| Green  | 9      | 10      | 11        | 12       | 13     |
| Yellow | 16     | 17      | 18        | 19       | 20     |
| Orange | 23     | 24      | 25        | 26       | 27     |
| Blue   | 30     | 31      |           |          |        |
|        |        |         |           |          |        |