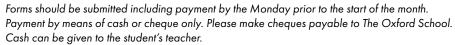
## Milk Order Form



\*Tax included in below prices.



SIUDEI	NI INFORMA	IION						
NAME	AME First Name				Last Name			
HOME R	OOM TEACHER	R						
GRADE		Early Years Program		Junior Kinderga	rten 🔲	Senior Kindergarten		
		Grade 1		Grade 2		Grade 3		Grade 4
		Grade 5		Grade 6		Grade 7		Grade 8
ALLERGI	IES (IE. PEANUT	)						
PAREN	T/GUARDIAI	N INFORMATION						
PARENT	<b>S NAME</b> Fir	st Name			Last Nam	ne		
PAYMEN	IT METHOD	☐ Cash		☐ Cheque	'			
PARENT	S SIGNATURE							
DATE								

## **SEPTEMBER 2020**

Please fill in the calendar below, writing the appropriate letter on the calendar days the student is to receive milk. Place a "W" in the box for white milk & "C" in the box for chocolate milk.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1	2	3	4
7	8	9	10	11
14	15	16	17	18 Terry Fox
21	22	23	24	25
28	29	30		
OR	AY OF THIS MONTH	☐ White Milk <b>OR</b>	☐ Chocolate Milk	

ORDER ITEM	QTY	PRICE TOTAL
WHITE MILK		x \$0.80
CHOCOLATE MILK		x \$0.80
		TOTAL