

Monthly Lunch/Milk Order Form

Student Name:

Room: *Circle A B C*

Grade:

Parent Signature:

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

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

Please place only one symbol per day:

L = Lunch

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

September 2026

Monday	Tuesday	Wednesday	Thursday	Friday
Yellow <i>Aug 31</i>	Yellow 1	2	3	4
LABOR DAY	Orange 8	9	10	11
Blue 14	15	16	17	18
Green 21	22	23	24	25
Yellow 28	29	30		

This institution is an equal opportunity provider

