MILK SERVICE
2026-27 SCHOOL YEAR

Please complete this form if you would like your student(s) to receive lunch milk service for the 2026-27 school year.

FORMS NEED TO BE SUBMITTED TO THE SCHOOL OFFICE BY MONDAY, AUGUST 24TH.

Milk service begins on Monday, August 24th.

FAMILY NAME: _____

Please fill in a line below for EACH child receiving milk with their grade AND teacher.

Child:	Grade/Teacher	Milk Preference (circle one below)
_____	_____	2% WHITE or Low Fat CHOCOLATE
_____	_____	2% WHITE or Low Fat CHOCOLATE
_____	_____	2% WHITE or Low Fat CHOCOLATE
_____	_____	2% WHITE or Low Fat CHOCOLATE
_____	_____	2% WHITE or Low Fat CHOCOLATE

2026/27 Milk Service: **$92 per child** **X** _____ **= $**_____
(number of children)

☐ **I will pay by cash or check made payable to Holy Cross School**

☐ **I would like the milk fee added to my FACTS account**