

# The Elementary School Milk Program

STUDENT NAME: \_\_\_\_\_

Please note that EACH student must have an order form!  
Please do NOT include all of your children on one form!

TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_



Please indicate with a W for white milk and C for Chocolate milk.

Sep-09					Total number White Milk
Mon.	Tues.	Wed.	Thurs.	Fri.	
		KB 23	KA 24	KB 25	
				PA DAY	
KA 28	KA 29	KB 30 World Milk Day Free milk			x 60¢
					=
					Total number Chocolate Milk
					x 60¢
					=
					Overall total
					\$

Oct-09					Total number White Milk	
Mon.	Tues.	Wed.	Thurs.	Fri.		
			KA 1	KB 2		
KB 5	KA 6	KB 7	KA 8	KB 9	x 60¢	
					=	
					Total number Chocolate milk	
	12 Thanks-giving	KA 13	KB 14	KA 15	KB 16	x 60¢
					=	
					Total number Chocolate Milk	
					x 60¢	
					=	
					Overall total	
					\$	

Nov. 2009					Total number White Milk
Mon.	Tues.	Wed.	Thurs.	Fri.	
KB 2	KA 3	KB 4	KA 5	KB 6	
KA 9	KB 10	KA 11	KB 12	KA 13	x 60¢
					=
					Total number Chocolate Milk
KB 16	KA 17	KB 18	KA 19	KB 20	x 60¢
					=
					Total number Chocolate Milk
KA 23	KA 24	KB 25	KA 26	KB 27	x 60¢
					=
					Overall total
					\$

**PLEASE RETURN YOUR MILK ORDER FORM WITH PAYMENT ON OR BEFORE SEPT. 15, 2009.**

You may write one cheque for all of your children's milk and food orders.