

Lunch Order Form

School copy- SEND IN

Name: _____

Grade: _____

Week of: _____

Lunch Choice

Amount

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Total amount enclosed: _____

ALL ORDERS AND MONEY ARE DUE AT THE BEGINNING OF THE SCHOOL WEEK
IN THE YELLOW ENVELOPE! PAYMENT BY CHECK ONLY. THANK YOU.

Lunch Order Form

Parent copy - KEEP

Name: _____ Grade: _____

Week of: _____

Lunch Choice

Amount

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Total amount enclosed: _____

ALL ORDERS AND MONEY ARE DUE AT THE BEGINNING OF THE SCHOOL WEEK
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