December 2018
Lunch Order

Roselle
School District 12
SPRING HILLS SCHOOL

Name: _____ **Grade..:** _____
Last First

*Circle "**L**" if you are ordering Lunch on the day indicated. . Milk is included with each lunch.*
*Circle "**M**" if you only want milk.*

Mon	Tue	Wed	Thu	Fri
3 L M	4 L M	5 L M	6 L M	7 L M
10 L M	11 L M	12 L M	13 L M	14 L M
17 L M	18 L M	19 L M	20 L M	21 L M
24 NO SCHOOL	25 NO SCHOOL	26 NO SCHOOL	27 NO SCHOOL	28 NO SCHOOL
31 NO SCHOOL				

Milk is included with Lunch

Full Price Lunch
_____ days x $4.05 = $_____

Reduced Price Lunch
_____ days x $ .40 =$_____

Milk Only _____ days x .30 = $ _____

TOTAL = $ _____

•Please include exact payment with order form in an envelope.

•Make checks payable to the school.

•Be sure to fill out order form completely.

✓ MILK CHOICE: _____Chocolate _____White

Please return order to Spring Hills School no later than ***Thursday, November 15 , 2018***