



January 2019 Lunch Order

**Roselle
School District 12
SPRING HILLS SCHOOL**

Name: _____

Grade.: _____

*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
	1 NO SCHOOL	2 NO SCHOOL	3 NO SCHOOL	4 NO SCHOOL
7 L M	8 L M	9 L M	10 L M	11 L M
14 <i>4th Gr. Field Trip</i> L M	15 Chef's Choice M	16 L M	17 L M	18 L M
21 L M	22 L M	23 L M	24 L M	25 L M
28 L M	29 L M	30 L M	31 Chef's Choice M	

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 **Friday, December 14, 2018***