



March 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
4 L M	5 L M	6 Chef's Choice M	7 L M	8 L M
11 L M	12 L M	13 L M	14 L M	15 L M
18 Chef's Choice M	19 L M	20 L M	21 L M	22 L M
25 NO SCHOOL	26 NO SCHOOL	27 NO SCHOOL	28 NO SCHOOL	29 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 **Friday, February 15, 2019***