St. Charles School

February 2012 Lunch Order Form

ALL Cafeteria Orders Must Be Prepaid

Child's Last Name_____ Grade _____

Child's First Name_____ Teacher _____

Column A		**Column B**	
Mark selection with an X Lunch order includes drink		Order separately if not ordering full lunch	
Date	**Lunch**	**Date**	**Milk**
2/1/2012		2/1/2012	
2/2/2012		2/2/2012	
2/3/2011		2/3/2011	
2/6/2012		2/6/2012	
2/7/2012		2/7/2012	
2/8/2012		2/8/2012	
2/9/2012		2/9/2012	
2/10/2012		2/10/2012	
2/3/2012			
2/14/2012		2/3/2012	
2/15/2012		2/14/2012	
2/16/2012		2/15/2012	
2/17/2012		2/16/2012	
		2/17/2012	
2/20/2012			
2/21/2012		2/20/2012	
2/22/2012		2/21/2012	
2/23/2012		2/22/2012	
2/24/2012		2/23/2012	
		2/24/2012	
2/21/8120			
2/28/2012		2/21/8120	
2/29/2012		2/28/2012	
		2/29/2012	
	Total # of lunches:	Total # of milk:	
	X $3.10		**X $0.45**

Total Lunch Payment Due		$
Total Drink Payment Due		$
Total Payment		$

Return this order with payment to your child's classroom (not office) by February 1, 2012