

## MILK ORDER

Please complete the form below for your child's milk order for the FULL SCHOOL YEAR. The milk fee will be charged on your Fall book bill.

Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Please print)

2% White \_\_\_\_\_ 1% Chocolate \_\_\_\_\_

Skim \_\_\_\_\_ None \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian