



**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 \_\_\_\_\_

Parent/Guardian

Date



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