

STEELE STREET SCHOOL
MONTHLY MILK ORDER FORM

Student's Name: _____ Teacher's Name: _____

January, 2015

Monday	Tuesday	Wednesday	Thursday	Friday
5	6	7	8	9
12	13	14	15	16 No School PA DAY
19	20	21	22	23
26	27	28	29	30

Each milk costs **75 cents**. You can order for the whole month or for any part of it. Indicate the kind of milk you wish to order by writing a "**C**" for **Chocolate** or a "**W**" for **White in the square**. Families may order together with each child filling in their own order form but submitting one payment. Families with 3 or 4 children pay for 2 most expensive orders and the third and fourth are free (must not be more than the highest of the two that paid).

Our order is for _____ at 75 cents each for a total of _____.

Please return the order form and the money by December 17th!

****SEND MILK MONEY SEPARATE FROM OTHER FOOD OR TRIP ORDERS, WE WILL NOT SEPARATE. Thank you.**