



# Pre-payment order form

STUDENT NAME: \_\_\_\_\_

TEACHER: \_\_\_\_\_

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

## INSTRUCTIONS:

Please place a "W" in the box for each day you wish your child to receive white milk. Please place a "C" in the box for each day you wish your child to receive chocolate milk.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

WHITE MILK TOTAL: \_\_\_\_\_ X \_\_\_\_\_ ¢ per milk = \_\_\_\_\_

CHOCOLATE MILK TOTAL: \_\_\_\_\_ X \_\_\_\_\_ ¢ per milk = \_\_\_\_\_

TOTAL COST OF MILK: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

**NOTE:** Please return this form & payment to the school by \_\_\_\_\_  
(DATE)