

LUNCH MILK ORDER FORM
2024-2025 School Year

Family Name: _____

Please mark down the number of servings (1/2 pint) that each student will consume each day at lunchtime. (No milk for HALF Day students in Pre-K and Kindergarten.)

Student's Name	Grade 2024-25 School Year	NO Daily Milk	No. of White (per day)	No. of Chocolate (per day)
1.				
2.				
3.				
4.				

DO NOT PAY FOR MILK AT THIS TIME.

**Your FACTS Management Incidental Expenses account
will be charged after the school year begins.**

Please complete this form and turn it in to the school office.