



# MILK ORDER FORM

- The cost of milk for lunch is **\$30.00 per child for the year.**
- **Payment is due on or before the first day of school.**  
Please do not add this cost to any other school payment.
- Please indicate one choice per child below.

MILK ORDER FORM | SCHOOL YEAR: \_\_\_\_\_

Child's name	Grade	White lowfat milk	Chocolate lowfat milk
Child's name	Grade	White lowfat milk	Chocolate lowfat milk
Child's name	Grade	White lowfat milk	Chocolate lowfat milk
Child's name	Grade	White lowfat milk	Chocolate lowfat milk

My check for \$\_\_\_\_\_ is enclosed. (Please make check out to SHS.)

Parent Signature\_\_\_\_\_ Date\_\_\_\_\_

Please email this form to [hotlunch@shshampton.org](mailto:hotlunch@shshampton.org) or return to the Front Office.