



Elementary School Milk Order Form

Please complete if you wish your **Elementary School Child(ren)** to participate in the milk program..

The cost is \$75.00 for the school year and will be billed to the student’s account.

Please indicate which option you would prefer for your child(ren):

- Combination** of 1% white milk on Monday, Tuesday and Thursday and nonfat chocolate milk on Wednesday and Friday
- 1% white milk **only** Monday through Friday
- Nonfat chocolate milk **only** Monday through Friday

STUDENT NAME(S): _____ GRADE _____
 _____ GRADE _____
 _____ GRADE _____
 _____ GRADE _____

Signature of Parent/Guardian #1 (required) _____
Date

Signature of Parent/Guardian #2 (required) _____
Date