

MILK FORM FOR
APRIL 2008



Child's Name: _____

Telephone: _____

Grace: _____

Teacher: _____

CHOICE OF MILK: (Please select appropriate choice)

Fat Free Low Fat Low Fat Chocolate

Grades 1 – 4: 24 days @ \$0.45 = **\$10.80**

Kindergarten: 24 days @ \$0.25 = **\$6.00**

AMOUNT PAID: \$ _____

Note:

1. If you would like to purchase milk, please return this form to your child's teacher by **MARCH 7. EXACT CHANGE REQUIRED.**

2. **LATE ORDERS WILL NOT BE ACCEPTED.**

3. Payment by check is preferred. However, please note that returned checks will be subject to an \$8.00 fee.

4. Please make the check out in favor of "Coles School".

5. Please use a separate form for each child.

6. This form is available for download at the Coles School web site www.spfk12.org/coles.