

MILK FORM FOR THE MONTH OF: December 2009



Child's Name: _____

Telephone: _____

Grace: _____

Teacher: _____

CHOICE OF MILK: (Please select appropriate choice)

Fat Free

Low Fat

Low Fat Chocolate

Grades 1 – 4: 18 days @ \$0.60 = **\$10.80**

Kindergarten: 18 days @ \$0.35 = **\$6.30**

AMOUNT PAID: \$ _____

Note:

1. If you would like to purchase milk, please return this form to your child's teacher by **NOVEMBER 13. 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.