




















SUN	MON	TUE	WED	THU	FRI	SAT
				1 	2 NO SCHOOL	3
4	5 NO SCHOOL	6 	7 	8 	9 	10
11	12 	13 	14 	15 	16 	17
18	19 NOON DISMISSAL	20 	21 	22 	23 	24
25	26 	27 	28 	29 	30 	

April Milk Calendar

Student's Full Name _____

Grade _____

Please circle the milk carton of the days you wish your child to receive milk at lunch.

Cost per carton is \$.40

_____ X \$.40 = \$ _____
 (# of days) (Total for milk)

Check box for milk for entire month
 (19 days X .40 = \$7.60)

RETURN BY: **WEDNESDAY, MARCH 10, 2010**



OFFICE USE ONLY CREDIT FOR _____ DAY(S) MILK

REMEMBER: 6TH GRADE AT OUTDOOR SCHOOL APRIL 11-16 & 4TH/5TH GRADES AT OMSI SCIENCE CAMP APRIL 26-29