
























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

September 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
 (20 days X .40 = \$8.00)

RETURN BY: WEDNESDAY, AUGUST 18, 2010



OFFICE USE ONLY CREDIT FOR _____ DAY(S) MILK

SUN	MON	TUE	WED	THU	FRI	SAT
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