

# Ledyard Kindergarten September Milk Order Form

Student Name: \_\_\_\_\_  
 Teacher Name: \_\_\_\_\_  
 Grade: \_\_\_\_\_

To Make A Selection, Place an "X" In The Box.  
 If ordering a lunch, make ONE menu & ONE Milk selection per day

	Day	Choco Milk	1% Milk	Strbry Milk	
8/30/10	Monday	NO SCHOOL			
8/31/10	Tuesday	NO SCHOOL			
9/1/10	Wednesday				
9/2/10	Thursday				
9/3/10	Friday				
9/6/10	Monday	NO SCHOOL			
9/7/10	Tuesday				
9/8/10	Wednesday				
9/9/10	Thursday				
9/10/10	Friday				
9/13/10	Monday				
9/14/10	Tuesday				
9/15/10	Wednesday				
9/16/10	Thursday				
9/17/10	Friday				
9/20/10	Monday				
9/21/10	Tuesday				
9/22/10	Wednesday				
9/23/10	Thursday				
9/24/10	Friday				
9/27/10	Monday				
9/28/10	Tuesday				
9/29/10	Wednesday				
9/30/10	Thursday				

Milk Only  X \$0.50 = \_\_\_\_\_ (Just milk)

Total Enclosed :

I paid by:	
On-Line	
Check #	
Cash	

[www.mynutrikids.com](http://www.mynutrikids.com)

Make checks payable to LPS Lunch Program  
 Includes money orders

**Order Forms Must Be Returned By August 25, 2010**