

Hot Lunch Request Form

During the week of _____

Student name: _____ Grade: _____ Lunch Dates: _____

____ Monday Lunch

____ Double Entrée Lunch

____ Tuesday Lunch

____ Double Entrée Lunch

____ Wednesday Lunch

____ Double Entrée Lunch

____ Thursday Lunch

____ Double Entrée Lunch

____ Friday Lunch

____ Double Entrée Lunch

Total lunches ordered: _____

Total Dbl Entrée ordered: _____

x \$3.50

x \$4.50

Total enclosed \$ _____

Please return a form for each child in your family who will be receiving lunch throughout the following week. Orders must be returned to school with payment no later than 10 days prior to the beginning of the scheduled lunch week. (This will generally fall on a Friday. Example: Hot Lunch begins on Monday, August 22nd so the order must be placed by Friday, August 12th). Please return to the school office marked **HOT LUNCH** with your child's name and grade level clearly marked on the front. All checks should be made out to St. Mary's Hot Lunch. Thank you.

An additional fee of \$1.00 will be added to **each** lunch that is ordered late/as an emergency.

Milk orders are not included with hot lunch. Milk is available for purchase for \$20 per year.

Date Received for office use only:

PAYMENT DATE _____

St. Mary Hot Lunch Rep. Initials _____

Payment Receipt for office use only:

CASH AMOUNT _____

CHECK AMOUNT / NUMBER _____