Lunch Form



Please remember that this form reflects your child's lunch for the following week. Lunch CAN NOT be purchased the day of. Please refer to the lunch calendar when ordering.



For the Week of				
Students' Name			Grade	
****Please	check off the day	s that you will be pur	chasing lunch for your	child.****
Monday	Tuesday	Wednesday	Thursday	Friday
			Total Control of Control	
Total Number of lunch	nes for the week		(\$3.50 per lun	ch)
Total Amount enclosed			(учин ры. тап.	~,
*****Cash or check mo			cool ****	
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(Lunch)				[Conch]
or the Week of:			•	
			Grade	
*Please check off the				
Monday	Tuesday	Wednesday	Thursday	Friday
			1	
otal Number of lunch	es for the week		(\$3.50 per lunc	ch)
otal Amount enclosed				
****	ash or check made	payable to Our Ladv	of Victories School. **	***