

NAME \_\_\_\_\_ RM# \_\_\_\_\_ CUBBY# \_\_\_\_\_  
(Please Print Clearly--First and Last Name)

WEEK OF \_\_\_\_\_

MONDAY            HAMBURGER    \_\_\_\_\_            CHICKEN WRAP    \_\_\_\_\_

TUESDAY           ROTINI W/MEATY            CHICKEN  
MARINARA    \_\_\_\_\_            ALFREDO    \_\_\_\_\_

WEDNESDAY                    CHEESE PIZZA    \_\_\_\_\_

THURSDAY           BEAN BURRO    \_\_\_\_\_            QUESADILLA    \_\_\_\_\_

Please circle your lunch choices. If you want **two** of any item, write a **2** next to the item.

**STUDENT SIGNATURE (GRADE 4-8)** \_\_\_\_\_

In order to receive lunch this week, you must complete and sign this form. Turn it into the classroom or to the office by **Thursday morning 9:00**.