

CUBBY # _____

STUDENT NAME _____ RM# _____
(Please Print Clearly--First and Last Name)

WEEK OF _____ - - - - _____.

| | | |
|-----------|----------------------------|----------------------|
| MONDAY | HAMBURGER | CHICKEN WRAP |
| TUESDAY | ROTINI W/MEATY MARINARA | CHICKEN ALFREDO |
| WEDNESDAY | CHEESE PIZZA | |
| THURSDAY | BEAN BURRO | CHEESE QUESADILLA |

Please circle your lunch choices.

PARENT SIGNATURE (GRADE K-3) _____

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 at 9:00.**

Tear Off Here

CHILD'S NAME _____ WEEK OF _____ - _____

DAYS EATING: MON. TUES. WED. THURS.

Please post this at home so you know what was ordered this week and which days to pack lunch.