

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.**

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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.