

MILK ORDER FORM

Dear Parents/Guardians,

Milk will be available for purchase to all students during the second semester. Distribution begins **Monday September 18, 2017**. Because we participate in the Special Milk Program, only fat-free (skim) milk and low-fat (one percent) milk may be offered. The cost for skim white, 1% white and low fat (1%) chocolate milk for this semester will be:

	<u>Amt. for skim</u>	<u>Amt. for 1% white</u>	<u>Amt. for low fat choc.</u>
PK3 year olds T, Th.....	\$ 8.90	\$ 9.25	\$ 8.90
PK3 year olds M, W.....	8.15	8.50	8.15
PK3 year olds M,W,F...	11.75	12.25	11.75
PK4 year olds 3 day....	11.75	12.25	11.75
PK4 year olds 5 day....	20.90	21.75	20.90
K - 6.....	20.65	21.50	20.65

(Amounts listed are determined by NY State component pricing.)

Please return your order to the school office by Wednesday, September 6, to allow time for processing. Any families who wish may apply for free milk. **Please call the office for information and forms which will then be sent home with your oldest child.** It is requested that all payments be made by check, payable to ST. JOSEPH SCHOOL. Thank you for your cooperation.

Sincerely,

Mrs. Amy Johnson
Principal

Please detach and return no later than **Wednesday, September 6, 2017**

FAMILY NAME: _____

<u>Student Name</u>	<u>Grade</u>	<u>Specify skim/1%white/low fat choc.</u>	<u>Price</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL: _____

___ I DO NOT WISH TO ORDER MILK. **(Please include all students' names and grades even though you are not ordering this semester).**

Parent/Guardian Signature