

Stoddard School Lunch

Week of: _____

Name: _____

Teacher: _____ Grade: _____

snack milk(m) or juice(J) .50
Lunch \$2.60 per day
Cold lunch drink (M) or (J) .50
Chocolate (c), white(w) juice (J)

| Mon | Tues | Wed | Thurs | Fri | Weekly Cost |
|------------------------------|------|-----|-------|-----|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| Price of lunch includes milk | | | | | Total: |

Check the boxes your child wants and include the correct amount in an envelope with this slip. For Friday, please indicate whether cheese (ch) or pepperoni (p).
Please return on Tuesday morning of the week before.

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