Sacred Heart School

Milk Request Form: September 7, 2017 through January 31, 2018.

1. **If you wish your child/children to receive milk, please complete form. The cost per child is $18.00.**
2. **Check should be made out to Sacred Heart School.**
3. **Please return milk request form and cash or check for each family no later than September 11th, 2017 to ensure that your child/children receive(s) milk.**

My child/children will purchase milk in school from 9/7/2017 through 1/31/2018.

Whole Milk

Name and Grade	Name and Grade
_____	_____
_____	_____

Fat Free Milk

Name and Grade	Name and Grade
_____	_____
_____	_____

Chocolate Milk

Name and Grade	Name and Grade
_____	_____
_____	_____

_____ **X** **$18** **=** _____

# of children receiving milk **Amount attached**

_____ _____

Parent/Guardian Signature **Date**