

SWASEY CENTRAL SCHOOL - HOT LUNCH

Please indicate choices with an X in the appropriate box:

Child's Name:						
Classroom Teacher:						
Week of:						
	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
HOT LUNCH - \$ 2.00						
MILK ONLY - \$ 0.40						
TOTAL AMOUNT ENCLOSED \$:						
** Please attach this coupon to the outside of your child's lunch envelope and return on Monday **						

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If filled out for the month - - TOTAL AMOUNT ENCLOSED: _____