

Lunch Order Payment Form

Please fill out the information below and send in with attached payment. Payment must be received no later than the last day of the current month for the upcoming month for which you are ordering. Failure to send in payment will result in order being cancelled.

Month Of: _____

Family Name: _____

Student Name: _____ **Grade:** _____
Total: _____

Student Name: _____ **Grade:** _____
Total: _____

Student Name: _____ **Grade:** _____
Total: _____

Student Name: _____ **Grade:** _____
Total: _____

Total payment: _____ **Check:** _____
Cash: _____
(Please check one)