

Prepaid Milk Form

Harrington Park School

School Year 2018-2019



PLEASE COMPLETE THE FOLLOWING INFORMATION AND **RETURN THIS TOP FORM ATTACHED WITH YOUR PAPERCLIPED CHECK** TO YOUR CHILD'S HOMEROOM TEACHER BY:

Thursday, SEPTEMBER 06, 2018

DO NOT STAPLE CHECK TO FORM - (no envelopes please)

PLEASE PRINT CLEARLY:

Check Information:

List your Last Name as it appears on your check, followed by your First Name:

Parent/Guardian Name: _____

Check #: _____

Amount of Check: **\$78.30 (1 CONTAINER)** **\$156.60 (2 CONTAINERS)**
Make check payable to:
Harrington Park Board of Education

Student Information:

Student Name: _____
Birth Name: (Last Name, First) (No nicknames)

Grade/Homeroom Teacher: Grade: _____ _____
(Homeroom Teacher's Last Name)

In accordance with the 2018-19 Department of Agriculture Dietary Guidelines for Americans we are offering two choices of milk as listed below:

Milk Information: Please check off your milk type requested and the amount ordered:

Type of Milk Requested: White Milk Low-fat (1%) _____ # of Container(s) per day

 Chocolate Milk (fat-free) _____ # of Container(s) per day

ONE FORM/ONE CHECK FOR EACH CHILD ORDERING MILK MUST BE SUBMITTED.

PREPAID MILK DISTRIBUTION WILL BEGIN ON WEDNESDAY, SEPTEMBER 12, 2018