

# SBS Monthly Lunch Order Form



Student's Name

\_\_\_\_\_

Grade:

\_\_\_\_\_

<b># of Days Lunch Desired</b>	
<b>Total Lunch Cost</b> <i>(\$3.50 each lunch, add \$1.00 for extra slice/piece)</i>	

*If writing a check, please make payable to: St. Bernard School*

**February 2019**

Tuesday	Thursday
5 <sup>th</sup> <b>Pizza</b> <i>Extra</i> _____	7 <sup>th</sup> <b>Burrito</b> <i>Extra</i> _____
12 <sup>th</sup> <b>Pizza</b> <i>Extra</i> _____	14 <sup>th</sup> <b>Spaghetti</b>
19 <sup>th</sup> <b>Pizza</b> <i>Extra</i> _____	21 <sup>st</sup> <b>Hot Dog</b> <i>Extra</i> _____
26 <sup>th</sup> <b>Pizza</b> <i>Extra</i> _____	28 <sup>th</sup> <b>Fried Chicken</b> <i>Extra</i> _____

*Please circle the date and meal you desire and return form and payment to the office ASAP.*