

# Word of Life Lutheran School

**Dec. Lunch Order Form** \_\_\_\_\_ My child(ren) will not be taking hot lunch.

Child's name \_\_\_\_\_ My child will take LUNCH every day: YES

If your child(ren) wants lunch *only on specific days*; please **CIRCLE** the days you want:

Monday	Tuesday	Wednesday	Thursday	Friday	
5	6	7	8	9	11 total days
12	13	14	15	16	
19	1/2 day No lunch	No School	No School	No School	
No School	No School	No School	No School	No School	

Child's name \_\_\_\_\_ My child will take LUNCH every day: YES

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19	1/2 day No lunch	No School	No School	No School	
No School	No School	No School	No School	No School	

Return with payment by  
**Nov. 10, 2011**

<p># of days eating X cost of lunch = total \$ owed for lunch</p> <p>_____ X _____ = _____</p>
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<p><b>Lunch Total</b></p> <p>_____</p>
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See the chart on the back for pricing information