

MILK PROGRAM REQUEST
(PLEASE ATTACH \$100.00 CHECK TO THIS ORDER)
MUST BE IN BEFORE FIRST DAY OF CLASSES

Milk is \$100.00 per child for the year. PLEASE ISSUE A SEPARATE CHECK FOR THE MILK PROGRAM MADE PAYABLE TO HILLANDER SCHOOL.

I want the milk program for _____ for this year.
(Child's name)

I want my child to receive _____ milk.
(Please choose **one** - **White** or **Chocolate** – both are low fat)

Parent Signature

Grade

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