

KESWICK RIDGE

STUDENT NAME: _____

LUNCH ORDER FORM WEEK: 1 2 3 4

TEACHER NAME: _____ Grade: _____

****REMINDER**** WEDNESDAYS ARE NOT AVAILABLE FOR K-2 /MAKE SURE YOU DON'T ORDER ON PD DAYS

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
(Circle your choices)	(Circle your choices)	(Circle your choices)	(Circle your choices)	(Circle your choices)
1st choice	1st choice	1st choice	1st choice	1st choice
2nd choice	2nd choice	2nd choice	2nd choice	2nd choice
Beverage Yes No	Beverage Yes No	Beverage Yes No	Beverage Yes No	Beverage Yes No
Milk White or Chocolate	Milk White or Chocolate	Milk White or Chocolate	Milk White or Chocolate	Milk White or Chocolate

ALLERGIES, COMMENTS: _____

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ALLERGIES, COMMENTS: _____
