

FOREST LAKE FOOD SERVICE QUARTERLY MILK BREAK FORM

Please return the completed form to the kitchen staff at your school.

Student's name: _____ PIN: _____ Birthdate: _____

Teacher's name: _____ For Quarter 1 2 3 4 Please circle

Parent/Guardian
Signature: _____ Date: _____

Please check below

Check attached for \$19.00 _____ or Deduct \$19.00 from student's account _____

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