

# FOREST LAKE NUTRITION SERVICES 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 \_\_\_\_\_

Please note milk will not be available on non school days!

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