



# MILK ORDER FORM

PURCHASE MILK BY THE TRIMESTER!  
FY 2009/10 TRIMESTER 3

Please complete the form entirely and attach a check made out to St. Joseph School. Thank you.

Third Trimester – March to June - \$30 per student

Name (First & last): \_\_\_\_\_ \$ \_\_\_\_\_

Grade & teacher: \_\_\_\_\_

Name (First & last): \_\_\_\_\_ \$ \_\_\_\_\_

Grade & teacher: \_\_\_\_\_

Name (First & last): \_\_\_\_\_ \$ \_\_\_\_\_

Grade & teacher: \_\_\_\_\_

Name (First & last): \_\_\_\_\_ \$ \_\_\_\_\_

Grade & teacher: \_\_\_\_\_

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GRAND TOTAL .....\$ \_\_\_\_\_

**MAKE CHECKS PAYABLE TO ST. JOSEPH SCHOOL**  
**Orders due by Friday, March 26, 2009.**