

HENRY PUFFER SCHOOL LUNCH ORDER – ARAMARK

Student's Name _____ Grade _____ Teacher _____ to _____
WEEK OF _____

**Please complete one order form for EACH child and EACH week.
CIRCLE THE MEAL CHOICE YOUR CHILD WOULD LIKE (#1, #2 or #3) FOR EACH DAY. **If no choice is indicated, choice #1 will be ordered.

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
1 2 3 1 2 3 1 2 3 1 2 3 1 2 3

Place this order form in an envelope with **\$2.70 per meal** (cash or check made

payable to Henry Puffer School) and send it to school with your child.
LUNCH ORDERS ARE DUE TO THE OFFICE BY 9:00 AM THE WEDNESDAY PRIOR TO THE WEEK YOU WANT LUNCHES. A meal may be substituted with no prior notice.

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