



Family Last Name _____

One form per FAMILY

Immaculata Catholic School

721 Burch Avenue * Durham, NC, 27701 * (919) 682-5847 * FAX (919) 956-7073

MILK ORDER

Please list the name(s) and homeroom(s) of your child(ren)

If your child(ren) do(es) not wish to receive milk please list their name and mark the I do not wish to order milk column.

Prices are based on one carton of milk per day. If your child(ren) would like to order more than one carton of milk per day, please indicate the number of milks you would like to receive each day and multiply the cost to reflect that.

Ordering Information	Home Room	Flavor (mark the flavor you would like – Prekindergarten must drink 2% white milk)		
		2% White milk	Fat Free Chocolate milk	I do not wish to order milk
Student's Name				

Payment Method Please make checks payable to Immaculata Catholic School **Amount** _____

- In full - \$36 a year per child.** _____
If ordering more than one carton of milk per day, please multiply the cost to reflect.