

For office use only
 Payment received ____/____/24
 By _____ Check # _____
 CC _____ Entered on lunch list
 by _____

 **Thursday Lunch – Apr - June** 
Offering Pizza every Thursday

Parent’s First and Last Name: _____ Phone # _____

Paid By: Check Cash Credit Card Confirmation # _____

Please include **exact amount**. Refunds or credits cannot be applied. Place all children per family (sorry no kindergarten students) on one order form and return it with payment to the office. Credit card payments may be processed online.

Place a C for Cheese pizza, or P for Pepperoni.

Student’s First and Last Name	Grade	4/18	4/25	5/02	5/09	5/16	5/23	5/30	6/6
Example Student	1	P	CC	C	P	P	P	PP	CP

Total pizza slices ____ x \$ ____ =

Please return this order form to the office by 4:10 pm any Monday to start the following Thursday.

Your child’s slice(s) of pizza will be delivered during your child’s lunch time on Thursdays. Chips will be available in the cafeteria for \$.75/bag. Please do not forget to pack the rest of your child’s lunch and snack items. ☺