



OLV LUNCH FORM

Please remember that form reflects your child's lunch for the following week.
LUNCH CANNOT be purchased the day of. Please refer to the lunch calendar when ordering.

For the Week of: _____

Students' Name: _____

Grade: _____

*****Please check off the days that you will be purchasing lunch for your child.*****

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Total Number of lunches for the week _____ (\$3.50 per lunch)

Total Amount enclosed _____

***** Cash or check made payable to Our Lady of Victories School. *****



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