



Student's Name _____ Teacher _____

Dates Ordered: _____

TOTAL # of days _____ x \$4 = \$ _____ (enclosed)

Parent/Guardian name (Print) _____ Signature _____

Parent/Guardian contact phone number _____

SIGN and RETURN this PERMISSION FORM by end of day **Sept 11**



Keep bottom portion for your info.-----

Sept 16-Sept 27

Day	Date	Lunch	Snack
Mon	16	Homemade Cheese Pizza	Celery sticks/Melon Slices
Tue	17	Cheeseburger on a whole wheat bun	Cauliflower/Orange wedges
Wed	18	Chicken Caesar Wrap	Brocoli/Apple wedges
Thur	19	Cheese & Crackers/Veggies & Dip	Cherry Tomatoes/Grapes
Fri	20	Macaroni & Creamy Cheddar Cheese	Carrot sticks/Cantelope
Mon	23	Closed- Pro-D	
Tue	24	Cheese Perogies	Baby carrots/Apple Sauce
Wed	25	Chicken Burger	Brocoli/Honeydew Mellon
Thur	26	Chicken Breast Caesar Salad	Yogurt tube/Apple wedges
Fri	27	Spaghetti & Meatsauce	Pea Pods/Orange wedges

- Cost for the full month is 9 lunches x \$4 = \$36
- Cheques are made payable to Bert Edwards Science & Technology School
- Please keep Meals monies separate from other school fees
- Order forms with Parent/guardian signature are required for each month

Sorry...no late orders accepted after September 11th