



SCHOOL DISTRICT OF STOCKBRIDGE

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Principal
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MORNING MILK REQUEST

To: Parents of Elementary Children (4K- 5)

If your child wants morning milk for the entire year please complete this form and return it to the school office.

Please include payment as no milk can be served until payment is received.

I request to purchase milk for:

| Student Name | Grade |
|--------------|-------|
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I have enclosed \$_____ (\$60.00 per child).

You may deposit money for your Morning Milk in the main office via check or cash. On-line payment is also available through the Parent Portal. (Lunch & Milk fees can be on the same check)

Parent/Guardian Signature

Please note: If you qualify for Free/Reduced lunch - there is no charge for morning milk.