

Hot Lunch Sign Up

*Please fill out and return each section with payment to your child(ren)s teacher.
Please make checks payable to "St. John's Lutheran School"*

Week of March 25 – March 29

Name: _____

Grade: _____

Mon	Tue	Wed	Thurs	Fri
Yes _____	Yes _____	Yes _____	Yes _____	Yes _____
No _____	No _____	No _____	No _____	No _____

	\$3.00
Number of meals	x _____
TOTAL	_____

Week of March 11- March 15

Name: _____

Grade: _____

Mon	Tue	Wed	Thurs	Fri
Yes _____	Yes _____	Yes _____	Yes _____	Yes _____
No _____	No _____	No _____	No _____	No _____

	\$3.00
Number of meals	x _____
TOTAL	_____

Week of March 4 – March 8

Name: _____

Grade: _____

Mon	Tue	Wed	Thurs	Fri
Yes _____	Yes _____	Yes _____	Yes _____	Yes _____
No _____	No _____	No _____	No _____	No _____

	\$3.00
Number of meals	x _____
TOTAL	_____