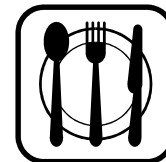




OUR LADY OF LOURDES CATHOLIC SCHOOL

Hot Lunch Program – 2009-2010
1940 North 63rd Street
Philadelphia, PA 19151
Phone: 215.877.2727 – Fax: 215.877.6042
JUNIOR HIGH – Grades 7 - 8



NAME: _____

GRADE: _____

*****READ CAREFULLY*****

(JUNIOR HIGH) SCHOOL LUNCH ORDER FORM

RETURN FORMS BY DUE DATE TO GUARANTEE A MEAL.

If you wish to order week-by-week, there are envelopes available in the school office.

*If you do not pick up lunch envelopes, you may send the money with a note in another envelope **clearly** marked "LUNCH". Do NOT place lunch orders in Family Envelope. Make sure your child's name and grade are written on the envelope.*

PLEASE PAY THE EXACT AMOUNT DUE

- **\$2.00/lunch – Full Price**
- **\$.40/lunch for those pre-approved for reduced price lunch**

ANYTHING EXTRA WILL BE CONSIDERED A DONATION TO OUR LADY OF LOURDES SCHOOL. NO CHANGE WILL BE SENT HOME.

HOWEVER, IF WE MAKE AN ERROR, WE WILL DO OUR BEST TO CORRECT IT.

If you are unable to pay the amount by the due date but would like to order lunch, please submit the order form (with an explanation note). Send in your payment **before** the day the lunch will be served. If payment is not received **before** the **service date**, your child is not guaranteed a lunch.

Childs Full Name: _____

GRADE _____

_____ Lunches for the Full Month

AMOUNT ENCLOSED: _____

Amount Due: **\$40.00** [Pre-approved reduced: \$8.00]

_____ Lunches for the days indicated with "X."

- (\$2.00/lunch or \$.40 for pre-approved reduced price)

_____ We will order Week-to-Week.

We have indicated our order for the first week of the month by placing on "X" on the days we would like a school lunch and enclosed the proper amount. *We will pick up envelopes from the school office*

•••••

• **To guarantee lunch for the week of February 1st**

• **Return by Friday, January 15th**

•••••

Month: FEBRUARY 2010

MON	TUES	WED	THUR	FRI
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26

FEBRUARY 2010