



St. Thomas Aquinas Regional School Milk Request Form

Dear Parent/Guardian:

If you would like your child/children to participate in our government milk program during this school year, please fill out this form and return it to the school office with your payment by **August 28, 2017**.

The total cost for the year is \$47.00 per child.

ONLY CHOOSE ONE TYPE OF MILK PER CHILD

Name of Student	Grade A/B	Circle Type of Milk
-----	___	Choc or 1% or Skim
-----	___	Choc or 1% or Skim
-----	___	Choc or 1% or Skim
-----	___	Choc or 1% or Skim

Total Check/Cash _____ Family Name _____

Please **SEND A SEPARATE CHECK PAYABLE TO:**

St. Thomas Aquinas Regional School.

Do not include milk payment with any other payments.

If you feel you qualify for **free or reduced priced milk**, please contact the school office. We will send you the application forms. If payment is not received by **Aug. 28**, we may not be able to serve your child(ren) milk during the first week of school.

