


Scholar's Name _____

Please place X in box of meals you wish to order

Grade _____

Sacred Heart Elementary School
JUNE, 2017

Lunch

Monday	Tuesday	Wednesday	Thursday	Friday
			1 <input type="checkbox"/> Boneless Chicken Wings Potato Wedges w/Ketchup Honey Wheat Dinner Roll Fruit Milk	2 <input type="checkbox"/> Chicken Parm on WG Bun Carrots Fruit Milk
5 <input type="checkbox"/> Nachos w/Ground Beef Green Beans Broccoli Salsa Fruit Milk	6 <input type="checkbox"/> Beef Hot Dog on WG Roll Baked Beans Fruit Milk	7 <input type="checkbox"/> Hamburger on WG Bun Potato Wedges Fruit Milk	8 <input type="checkbox"/> Meatball Sub Carrots Fruit Milk	9 <input type="checkbox"/> <p style="text-align: center;">NO LUNCH</p>
				

* All Meals include 8 ounce Milk. Circle choice of 1% or Skim Chocolate

* All Meals Comply with NSLP Regulations

_____ # Meals/Month x \$3.50 _____
 _____ # KO – 2 Snack Milk Only x .50 _____
TOTAL _____

MENUS ARE SUBJECT TO CHANGE

***Before placing your order, please inform the school if you have a food allergy!**

“This institution is an Equal Opportunity Employer”