



# MILK SERVICE

## 2025-26 SCHOOL YEAR

Please complete this form if you would like your student(s) to receive lunch milk service for the 2025-26 school year.

**FORMS NEED TO BE SUBMITTED TO THE SCHOOL OFFICE BY MONDAY, AUGUST 25TH.**

Milk service begins on Monday, August 25th.

**FAMILY NAME:** \_\_\_\_\_

Please fill in a line below for EACH child receiving milk with their grade AND teacher.

Child:	Grade/Teacher	Milk Preference (circle one below)
_____	_____	2% WHITE or Low Fat CHOCOLATE
_____	_____	2% WHITE or Low Fat CHOCOLATE
_____	_____	2% WHITE or Low Fat CHOCOLATE
_____	_____	2% WHITE or Low Fat CHOCOLATE
_____	_____	2% WHITE or Low Fat CHOCOLATE

2024/25 Milk Service: \$75 per child X \_\_\_\_\_ = \$ \_\_\_\_\_  
(number of children)

I will pay by cash or check made payable to Holy Cross School

I would like the milk fee added to my FACTS account