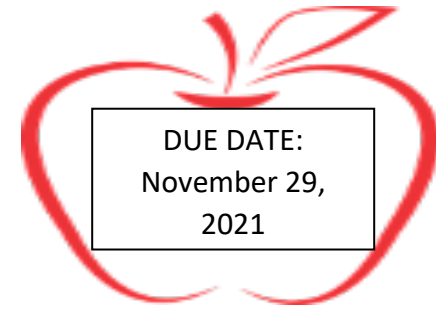



LENNOXVILLE ELEMENTARY SCHOOL						DECEMBER 2021					
WEEK 1	MONDAY		TUESDAY		WEDNESDAY	1	THURSDAY	2	FRIDAY	3	
MENU					Chicken Soup Sandwiches Jello		Chicken Spirals Ice Cream		DOMINO'S CHEESE PIZZA DESSERT		
WEEK 2	MONDAY	6	TUESDAY	7	WEDNESDAY	8	THURSDAY	9	FRIDAY	10	
MENU	PLANNING DAY		Sloppy Joe Coleslaw Muffin		Chicken Burger Cake		Lasagna Rice Krispies		Chicken Fajitas Salad Ice Cream		
WEEK 3	MONDAY	13	TUESDAY	14	WEDNESDAY	15	THURSDAY	16	FRIDAY	17	
MENU	NO HOT LUNCH		Taco Salad Yogurt		Tomato Soup Sandwiches Fruit		Shepherd's Pie Cake		DOMINO'S CHEESE PIZZA DESSERT		
WEEK 4	MONDAY	20	TUESDAY	21	WEDNESDAY		THURSDAY		FRIDAY		
MENU	NO HOT LUNCH		Hot Chicken Sandwich Cupcakes								
WEEK 5	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		
MENU											






\*\*\*\*\*PLEASE TAKE NOTE\*\*\*\*\*

- \*NO PAYMENTS OR LUNCH ORDERS WILL BE ACCEPTED AFTER THE DUE DATE
- \*NO POST DATED CHEQUES
- \*ONLY 1 FORM PER CHILD AND ONLY 1 PAYMENT PER CHILD.  
(PLEASE DO NOT COMBINE THE MENUS OR PAYMENTS)



CHECK OFF THE APPLES  FOR THE DAYS OF THE MONTH YOUR CHILD WOULD LIKE HOT LUNCH.

-----PLEASE CUT ON DOTTED LINE, KEEP TOP FOR YOUR INFORMATION AND SEND BOTTOM TO THE SCHOOL-----

LENNOXVILLE ELEMENTARY SCHOOL						DECEMBER 2021					
WEEK 1	MONDAY		TUESDAY		WEDNESDAY	1	THURSDAY	2	FRIDAY	3	
MENU									 1 or 2		
WEEK 2	MONDAY	6	TUESDAY	7	WEDNESDAY	8	THURSDAY	9	FRIDAY	10	
MENU											
WEEK 3	MONDAY	13	TUESDAY	14	WEDNESDAY	15	THURSDAY	16	FRIDAY	17	
MENU									 1 or 2		
WEEK 4	MONDAY	20	TUESDAY	21	WEDNESDAY		THURSDAY		FRIDAY		
MENU											
WEEK 5	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		
MENU											

**HOT LUNCH ORDER FORM INFORMATION**

**STUDENT INFORMATION**

NAME: \_\_\_\_\_ HOMEROOM: \_\_\_\_\_

Please indicate the number of missed meals in the box below labeled (credited meals).


Please indicate the dates of the meals missed last month

DATES: \_\_\_\_\_

Please be sure to deduct the total amount of missed meals from the # of meals for the current month

**PARENTS INFORMATION**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# OF MEALS (Current month)	CREDITED MEALS	QTY	PRICE	TOTAL	CHQ	CASH
			X \$5.00			
		1	X \$5.00			
		Extra	X \$2.00			