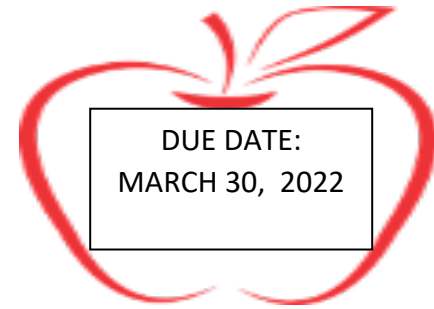



LENNOXVILLE ELEMENTARY SCHOOL						APRIL 2022					
WEEK 1	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	1	
MENU									French Toast Casserole Sausages Fruit		
WEEK 2	MONDAY	4	TUESDAY	5	WEDNESDAY	6	THURSDAY	7	FRIDAY	8	
MENU	NO HOT LUNCH		Chicken Burger Coleslaw Yogurt	Tomato Soup Grilled Cheese Jello	Shepherd's Pie Cookies	DOMINO'S CHEESE PIZZA DESSERT					
WEEK 3	MONDAY	11	TUESDAY	12	WEDNESDAY	13	THURSDAY	14	FRIDAY	15	
MENU	NO HOT LUNCH		Tacos Salad Fruit	Chicken Potato Wedges Cake	Spaghetti Ice Cream	HOLIDAY					
WEEK 4	MONDAY	18	TUESDAY	19	WEDNESDAY	20	THURSDAY	21	FRIDAY	22	
MENU	HOLIDAY		PLANNING DAY	Chicken Spirals Pudding	Pancakes Sausages Yogurt	DOMINO'S CHEESE PIZZA DESSERT					
WEEK 5	MONDAY	25	TUESDAY	26	WEDNESDAY	27	THURSDAY	28	FRIDAY	29	
MENU	NO HOT LUNCH		Sloppy Joe Coleslaw Pudding	Chicken Soup Chicken Wraps Lemon Squares	Lasagna Cake	Sausages Rice Ice Cream					

*****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						APRIL 2022					
WEEK 1	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	1	
MENU											
WEEK 2	MONDAY	4	TUESDAY	5	WEDNESDAY	6	THURSDAY	7	FRIDAY	8	
MENU											
WEEK 3	MONDAY	11	TUESDAY	12	WEDNESDAY	13	THURSDAY	14	FRIDAY	15	
MENU											
WEEK 4	MONDAY	18	TUESDAY	19	WEDNESDAY	20	THURSDAY	21	FRIDAY	22	
MENU											
WEEK 5	MONDAY	25	TUESDAY	26	WEDNESDAY	27	THURSDAY	28	FRIDAY	29	
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			