

**PARK RIDGE ELEMENTARY SCHOOLS
WEST RIDGE / EAST BROOK
PARK RIDGE, NEW JERSEY**

In order to ensure that your child has his/her milk beginning **September 13, 2017** please complete the order form below and attach it to your check.

Checks should be made payable to: **Park Ridge Board of Education – (CASH CANNOT BE ACCEPTED)** and return it to your child’s teacher **no later than September 08, 2017**. This will cover the period of **September 13, 2017** through **January 31, 2018**.

Please call **Angie Karcich at 201-573-6000 ext. 3001**, if you have any questions regarding milk orders.

Milk Order 2017 - 2018 School Year

Child’s Name: _____

Teacher’s Name: _____ Grade: _____

Check Type of Milk:

- | | |
|-------|-------------------|
| _____ | 1% Fat Unflavored |
| _____ | Skim Unflavored |
| _____ | Skim Chocolate |

Return to your child’s teacher with a check for \$35.20 made payable to the “Park Ridge Board of Education” - **(NO CASH)** - no later than **September 08, 2017** (88 days X \$.40), which covers the time period of **September 13, 2017** through **January 31, 2018**.

Please complete a separate form for each child.

CHECK # _____