



OLV LUNCH FORM

**Please remember that form reflects your child's lunch for the following week.
LUNCH CANNOT be purchased the day of. Please refer to the lunch calendar when ordering.**

For the Week of: _____

Students' Name: _____

Grade: _____

*****Please check off the days that you will be purchasing lunch for your child.*****

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Total Number of lunches for the week _____ (\$4.00 per lunch)

Total Amount enclosed _____

***** Cash or check made payable to Our Lady of Victories School. *****



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