

**Saint Bernadette Catholic School
Hot Lunch Order Form
Monday/Wednesday/Thursday Meals**

Student Name: _____ **Grade:** _____

Please place a check mark in the appropriate space and send this form and your payment to the school office.

5 Meals @ \$18.75 _____

10 Meals @ \$37.50 _____

Please note that a separate form **must** be filled out for each student purchasing hot lunch meals. You may send **one** payment to cover multiple students, but please accompany the payment with a form **for each child**.