UES Food Service Weekly Meal Order

Student Name:_____   Grade:_____

Teacher:_____

Week of:_____

Please mark the boxes with an **X** for the meals you would like your student to receive. Please mark the box with an **M** for meals where you would like 1% Milk **only. All meals are free to all students.**

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
Lunch					
Vegetarian Lunch					

My student requires a dietary accommodation:_____
This institution is an equal opportunity provider.

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