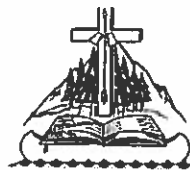




The Good Shepherd Catholic School

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gsh.schools.smcdsb.on.ca



SIMCOE MUSKOKA CATHOLIC DISTRICT SCHOOL BOARD

"We at the Good Shepherd Catholic School, witness Christ through loving, learning and serving God"

January, February, March Milk / Juice / Pizza Order Form

Please place the correct letter on each day (see below) that you would like your child to receive milk or juice. Order forms are due to the office NO LATER than Friday, December 16, 2016. Milk, juice and pizza will be delivered to the classrooms during lunch beginning at 11:50 AM. Please note pizza is only **Monday (Domino's) and Thursday (Pizzaville)**. Pizza makeup day from October school closure will be **Thursday, January 12, 2017**.

If your child is absent pizza will not be saved. On days when buses are cancelled due to inclement weather, pizza will be rescheduled to a future date. Milk or juice will not be replaced or refunded. The payment will continue to go towards improving resources at The Good Shepherd.

Please complete one order form per child in your family, however, payment for the entire family can be sent in with one child. Please send all forms and money in one envelope to one teacher. If paying by cheque, please make it payable to The Good Shepherd Catholic School. (No post-dated cheques accepted).

Child's Name: _____ Child's Teacher: _____

W	= White Milk	\$.75	A	= Apple Juice	\$.75
C	= Chocolate Milk	\$.75	O	= Orange Juice	\$.75

Drink _____ (# days ordered) x \$.75 = \$ _____

Please indicate on other side in each day of the month what drink you are ordering. (only for drinks)

Pizza must be ordered for the full three months (January, February, March) either Monday or Thursday or Both (Monday and Thursday).

Please circle the one you choose.

			<u>1 Slice</u>	<u>2 Slices</u>
Pizza	x 10 days ordered (Monday)	x \$1.50	= \$15.00	= \$30.00
Pizza	x 10 days ordered (Thursday)	x \$1.50	= \$15.00	= \$30.00
Pizza	x 20 days ordered (Monday and Thursday)	x \$1.50	= \$30.00	= \$60.00

Drink and Pizza Grand Total \$ _____

Please circle one Paid by : CASH CHEQUE NO. _____

Only for drinks, please indicate in each day of the month what drink you are ordering.

January 2017				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9	10	11	12 PIZZA MAKE UP DAY FROM OCTOBER	13
16	17	18	19	20
23	24	25	26	27
30	31			

FEBRUARY 2017				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		1	2	3 PA Day
6	7	8	9	10
13	14	15	16	17
20 Family Day Holiday	21	22	23	24
27	28			

MARCH 2017				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		1	2	3
6	7	8	9	10
20	21	22	23	24
27	28	29	30	31