

St. Mary Catholic School Menu * August 2016 Due Back 8/10

Name: _____ Grade: _____

****CHECK the boxes that apply to your menu choices**** **///** Indicates extra is not available on a particular day.

PBJ is offered daily in place of entrée choice.

****Menu is subject to change****

Milk Only \$0.40	Hot Lunch w/milk \$2.20	Extra Entrée \$1.00	PBJ option	Date	Hot Lunch Menu
				8/10	Grilled Chicken Sandwich/Romaine Salad/Goldfish/Fresh Fruit
				8/11	Corn Dog/Baked Beans/Veggies&Dip/Applesauce
				8/12	Cheese Sticks w/Marinara/Green Beans/Peaches/Cookie
				8/15	Hamburger/Tater Tots/Carrots&Dip/Pears
				8/16	Pizza Sticks/Romaine Salad/Green Beans/Fruit Ice
				8/17	BBQ Pork Rib Sandwich/Corn/Veggies&Dip/Applesauce
				8/18	Chicken Alfredo with a Twist/Broccoli/WG Breadstick/Fresh Fruit
				8/19	Cheese Nachos/Mexican Rice/Romaine Salad/Mandarin Oranges
				8/22	Hot Dog/Baked Beans/Pineapple Slaw/Pears
				8/23	BBQ Chicken Pasta/Romaine Salad/Peaches/Cookie
		///		8/24	Crispy Chicken Tacos/Fiesta Blend Vegetables/Veggies&Dip/Pineapple
		///		8/25	Chicken Nuggets/Mashed Potatoes/Peas/Roll/Applesauce
				8/26	Mac & Cheese/Green Beans/Romaine Salad/Fresh Fruit
				8/29	Chicken Drumstick/Mashed Potatoes&Gravy/Roll/Peaches
		///		8/30	Taco Salad/Tortilla Chips/Pinto Beans/Mandarin Oranges
				8/31	Meatball Sub/Baked Fries/Romaine Salad/Pears
Total cost:	Total cost:	Total cost:	Credit	Grand total for all columns to left:	<p>If paying by one check per family, please give the grand totals for <u>each student</u> included in the one check:</p> <p>Name: _____ Grade: _____ Total from his/her menu: _____</p> <p>Name: _____ Grade: _____ Total from his/her menu: _____</p> <p>Name: _____ Grade: _____ Total from his/her menu: _____</p>

Office Use Only:

Amount paid: _____ Check one: _____ Cash _____ Check (Check number _____)

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