







St. Mary Catholic School Menu * April 2017 Due Back 3/28/17

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
				4/3	SPRING BREAK
				4/4	SPRING BREAK
				4/5	SPRING BREAK
				4/6	SPRING BREAK
				4/7	SPRING BREAK
				4/10	Hamburger/Chips/Baked Beans/Veggies&Dip/Fresh Fruit
				4/11	Chicken Alfredo with a Twist/Broccoli/WG Roll/Strawberries
				4/12	Pancakes/Sausage/Tater Tots/Juice/Oranges
				4/13	Chicken Nuggets/Mashed Potatoes/Peas/WG Roll/Applesauce
				4/14	Cheese Quesadillas/Romaine Salad/Corn/Peaches
				4/17	Hot Dog/Chips/Baked Beans/Pears/Fresh Fruit
				4/18	Pizza Sticks/Romaine Salad/Green Beans/Fruit Ice
				4/19	Beef Nachos/Mexican Rice/Pinto Beans/Applesauce
				4/20	Hot Ham & Cheese Sandwich/Baked Fries/Peaches/Cookie
				4/21	Mac & Cheese/Broccoli/Romaine Salad/Pears
				4/24	Corn Dog/Tater Tots /Veggies&Dip/Peaches
				4/25	Taco Salad/Tortilla Chips/Pinto Beans/Pineapple
				4/26	Tangy Chicken Parmesan/Romaine Salad/Green Beans/Garlic Bread/Pears
				4/27	Grilled Chicken Sandwich/Green Beans/Veggies&Dip/Goldfish/Banana
				4/28	Cheese Sticks/Marinara/Romaine Salad/Oranges/Cookie
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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