November 2011

Mon	Tue	Wed	Thu	Fri
	Papa John's Pizza 1 Carrot Sticks Dessert	2 **PARENT/TEACHER CONFERENCE** **1/2 DAY NO LUNCH**	3 **PARENT/TEACHER CONFERENCE** **1/2 DAY NO LUNCH**	4 **Teachers-In-Service** **No School**
Baked Ziti 7 Caesar Salad Roll Dessert	**Hamburger/Cheeseburger** 8 **Or Hot Dog/Chili Cheese Dog** Fresh Fruit Pickles Dessert	**Grilled Chicken Sandwich** 9 Soup Baked Chips/Pickles Dessert	**Pigs in a Blanket** 10 **[sausage wrapped pancake]** Bacon/Fresh Fruit Dessert	**Papa John's Pizza** 11 Fresh Fruit Dessert
Cheese Ravioli 14 Garden Salad Bread Dessert	**Hamburger/Cheeseburger** 15 **Or Hot Dog/Chili Cheese Dog** Baked Chips Pickles Dessert	**Turkey & Bacon Wrap** 16 Soup Fresh Fruit/Pickles Dessert	**Thanksgiving Turkey w/ Gravy** 17 Mashed Potatoes/Dressing Fresh Vegetable Pumpkin Pie	**Papa John's Pizza** 18 Fresh Fruit Dessert
Buttered Noodles 21 Fresh Fruit Bread Dessert	**Papa John's Pizza** 22 Carrot Sticks Dessert	23 **Thanksgiving Break** **No School**	24 **Thanksgiving Break** **No School**	25 **Thanksgiving Break** **No School**
Meatball Sub 28 Garden Salad Fresh Fruit Dessert	**Hamburger/Cheeseburger** 29 **Or Hot Dog/Chili Cheese Dog** Tater Tots Pickles Dessert	**Italian Sub Sandwich** 30 Soup Baked Chips/Pickles Dessert		**Lunch Items** **Subject To Change Due** **To Availability**

Name: _____ **Grade:** _____

Total Number of Lunches _____ **X $3.00 each =**_____ **Check #**_____

INSTRUCTIONS: Please write name and grade on this sheet. Circle lunches you want to purchase and fill in all calculations. Attach a check for the full amount payable to St. Michael Catholic School. Please put lunch program in memo line. REMEMBER TO KEEP A COPY FOR YOUR RECORDS. Note, your child will be served what you have indicated. THIS FORM MUST BE RETURNED BY ____(10/21/2011)_____.

(Please Note: no refunds will be given under any circumstances i.e. absences, early dismissals, etc.)