

August 26, 2015

840 North Main Street West Hartford, CT 06117 860-236-2049 Fax 860-231-2843 info@ie-academy.org



RE: SCHOOL MILK PROGRAM

Dear Parent/Guardian:

If you are interested in purchasing milk for your child's lunch, please complete the form below and return it to school with the appropriate amount of money by Wednesday, September 3. The milk served has a 2% fat content and the cost for the year is \$70.00. The **milk program will begin on Monday, August 31st.** If it is more convenient for you, you may pay this in two (2) installments as follows:

\$40.00 Due August 31<u>\$40.00</u> Due January 11\$80.00 Total cost for the year

While we would like each child to have the opportunity to have milk, we find it difficult to adjust the order for those who wish to have milk occasionally. If on a rare occasion you do wish your child to have milk for a short period of time, please notify your child's teacher on the Monday preceding the week requesting milk so arrangements may be made and a cost given.

Thank you for you cooperation.

Sincerely,

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> SCHOOL MILK PROGRAM (Please return this form with your check by Wednesday, September 3)

Student Name ______

_____ Yes, I do wish to purchase milk for my child. Enclosed is \$______.

_____ No, I do not wish to purchase milk for my child's lunch.

Parent/Guardian Signature