
**PARK RIDGE ELEMENTARY SCHOOLS
EAST BROOK / WEST RIDGE
PARK RIDGE, NEW JERSEY**

In order to ensure that your child receives his or her milk beginning February 3, 2025, please complete the order form below along w/your check and place it in an envelope. Please make check payable to **Park Ridge Board of Education (CASH WILL NOT BE ACCEPTED)** and return **NO LATER THAN Tuesday, January 21, 2025**. This will cover the period of **February 3, 2025**, through **June 20, 2025**.

Please call **Donna Sosa at 201-573-6000 ext. 2001**, if you have any questions regarding milk orders.

Milk Order 2025 School Year

Child's Name: _____

Teacher's Name / Grade: _____ / _____

Check Type of Milk: _____ **1% Fat Free Unflavored**
_____ **Skim Unflavored**
_____ **Skim Chocolate**

Return this form to your child's teacher with a check for \$44.50 (89 days x \$.50), made payable to the "Park Ridge Board of Education" *(NO CASH) * NO LATER THAN January 21, 2025, which covers the time of February 3, 2025, through June 20, 2025. Thank You.

Please complete a separate form for each child. One check can be submitted.

CHECK # _____