

School Milk

REGISTRATION FORM

School Name: _____

Address: _____

Town/City: _____

Postal Code: _____

Phone Number: _____

Email: _____

Name of School Milk Coordinator: _____

Position of Coordinator: _____

Pre K: _____

Grade 6: _____

Kindergarten: _____

Grade 7: _____

Grade 1: _____

Grade 8: _____

Grade 2: _____

Grade 9: _____

Grade 3: _____

Grade 10: _____

Grade 4: _____

Grade 11: _____

Grade 5: _____

Grade 12: _____

Approx, how many students STAY for lunch at school? _____

Who supplies milk to your school?

Saputo

Parmalat

Dairyland

Local Store

Vending Machine

Other _____

Total Number of Students: _____

School Milk Program Parent Pamphlet: Electronic copy can be found at:
<http://www.saskmilk.ca/media/1434/school-milk-brochure-sk-2018-sept.pdf>

Return form via mail, email, or fax to:

Email: cwilcoxen@saskmilk.ca

Fax: 306.949.2605

Office Use: ER - A

Received: _____

Spirit Week: _____

Size: _____

Weight: _____

Mailed: _____