**I7. MILK FORM (GROUP 2)**

**This page has been left blank for double-sided copying.**

Milk Form

OMB Control Number: 0584-XXXX

Expiration Date: XX/XX/XXXX

|  |  |
| --- | --- |
| **School Name:**  | **School Mathematica ID:**   |
| **Interviewer ID #:**  | **Date:**  |

**INTERVIEWER:** COMPLETE FORM AND ATTACH TO SCHOOL MENU.

|  |  |  |  |
| --- | --- | --- | --- |
| **Milk Type** | **% Fat** | Container or Cap Color | **Container Size** |
|  | % |  | fl. oz. |
|  | % |  | fl. oz. |
|  | % |  | fl. oz. |
|  | % |  | fl. oz. |
|  | % |  | fl. oz. |
|  | % |  | fl. oz. |

**This page has been left blank for double-sided copying.**