

Special Student Meal Order Form

Instructions:

1. School Staff complete form and submit to Child Nutrition Lead 2 weeks prior.
2. On day of service, School Staff are responsible to use a roster that includes the student name and ID# in alpha sort. As meals are served, the student's name **MUST** be checked off to verify a complete meal was taken.
3. After the event, return completed student roster to Child Nutrition Lead.

Name: _____ **Title:** _____
Email: _____ **Phone #:** _____
Today's Date: _____ **Service Date:** _____
of Student Meals: _____ **School Site/Location:** _____
of Adult Meals: _____ **Pick up/Serving Time:** _____

Select ONE Billing Option: *Student meals are charged based on eligibility (free, reduced or paid). Adults pay stated menu price.*

Charge Students Meal Account (*school staff needs to inform parents*)

OR

Budget code to be used: _____ 5752 _____

OR

Name & address to send invoice: _____

Select Entrée Request: *All food is prepared on site and meets nutrition standards for a healthy lifestyle.*

Pizza Party served with Juice, Fresh Fruit & Veggie options, Milk options

Cold Sack Lunch to Go (field trips)

Special Request _____

Add a Cookie for \$0.75/student (**student account cannot be charged**)

Principal Signature: _____ **Date:** _____

Child Nutrition Lead Signature: _____ **Date:** _____