



Meals Away from Your School Request Order Form



In order to meet the needs of all of our students and families, Food and Nutrition Services, will offer the following menu options for lunches planned away from the school cafeteria. Please remember that the meals are placed on the student's meal account.

Option #1: "Pizza Munchable – Grab and Go Bag Lunch"

- Whole Grain Flatbread with Shredded Mozzarella Cheese and Marinara Sauce Cup
- Baby Whole Carrots (1/2 cup)
- Fresh or Pre-Portioned Fruit (1/2 cup – Head Cook Will Determine Selection)
- Fresh Baked Cookie
- Milk Selections

Option #2: "Peanut Butter Sandwich – Grab and Go Bag Lunch"

- Peanut Butter on Whole Wheat Bread with Sunflower Seeds
- Baked Doritos or SunChip Snack Mix (The Whole Class Will Receive One of These Two Baked Snacks)
- Baby Whole Carrots (1/2 cup) and Celery Sticks (1/4 cup)
- Fresh or Pre-Portioned Fruit (1/2 cup – Head Cook Will Determine Selection)
- Fresh Baked Cookie
- Milk Selections

Option #3: "Deli Meat and Cheese Sandwich – Grab and Go Lunch"

- Deli Meat and Cheese Sandwich
- Baked Doritos or SunChip Snack Mix (The Whole Class Will Receive One of These Two Baked Snacks)
- Baby Whole Carrots (1/2 cup) and Celery Sticks (1/4 cup)
- Fresh or Pre-Portioned Fruit (1/2 cup – Head Cook Will Determine Selection)
- Fresh Baked Cookie
- Milk Selections

Option #4: "Classroom Pizza Party" Please Indicate Pick Up Time Below -

- Big Daddy's Cheese Pizza
- Baby Whole Carrots (1/2 cup) and Celery Sticks (1/4 cup)
- Fresh or Pre-Portioned Fruit (1/2 cup – Head Cook Will Determine Selection)
- Fresh Baked Cookie
- Milk Selections

Select Option #1, Option #2, Option #3, or Option 4; and Return to Your Building Secretary or Assistant Principal

Four Weeks in Advance of Your Event.

Copies to: Office _____ Teacher _____ Head Cook (Original) _____

Teacher's Name: _____ Grade: _____ Contact Phone #: _____

I will be away from the building on: _____

Meal Option (Select Only One): Option #1 _____ Option #2 _____ Option #3 _____ Option #4 _____

Student(s) on Special Diets: _____ Specify Diet (Milk, Gluten Free, Peanut Free, etc.): _____

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Number of Meals Needed for Lunch: Students _____ Adults **NEED TO PAY IN ADVANCE** (Cost \$3.75/Meal) _____

Number of Meals Needed for Breakfast: Students _____ Adults **NEED TO PAY IN ADVANCE** (Cost \$1.80/Meal) _____

Breakfast: _____ Packed to go on Bus _____ Eat in Gym/Cafeteria

Specify Exact Time You Will Pick up Meals: AM _____ or PM _____

***Please be sure that you are emptying ALL garbage (NOT the ICE Packs) out of the coolers before returning them!**