



Lake Worth ISD Child Nutrition
Testing Lunch Order Form
Submit form 2 weeks in advance.

Campus: _____ # of Student Lunches: _____

Date Needed: _____ Time Needed: _____

**** Submit ONE order form per testing day with selected meal option. ****

Meal Selection: Select ONE option of hot OR cold per day.

Available HOT Options:	Available COLD Options:
<input type="checkbox"/> Cheeseburger <input type="checkbox"/> Hamburger	<input type="checkbox"/> Turkey Ham and Cheese Sandwich
<input type="checkbox"/> Chicken Sandwich <input type="checkbox"/> Spicy Chicken Sandwich	<input type="checkbox"/> Turkey and Cheese Sandwich

**Elem/MS: Lunches will include 2 vegetables + 1 fruit, and a choice of milk.*

**High School: Lunches will include 2 vegetable + 2 fruit, and a choice of milk.*

Please contact the Child Nutrition Director at 817-306-4207 or aclark@lwisd.org if there are any questions.

Principal's Signature: _____ Date: _____

CN Manager's Signature: _____ Date: _____

This institute is an equal opportunity provider.