



Canutillo Independent School District
Child Nutrition Department
Saturday School Meal Attendance Roster



Requester's Name: _____

Saturday Date: _____

| | Student Name | Student ID # | Breakfast | Lunch |
|-----|--------------|---------------|--------------------------|--------------------------|
| 1) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 20) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 21) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 22) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 23) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 24) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 25) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Total: | | |

certify that to the best of my knowledge
that the meal attendance information provided was verified and is correct.

Date: _____

Teacher's Name: _____

Signature: _____