

CANUTILLO INDEPENDENT SCHOOL DISTRICT



Child Nutrition Department SATURDAY SCHOOL MEAL REQUEST FORM



Campus Name: _____

Date of Request: _____

Requestor Name: _____

Title: _____

Email: _____

Telephone: (915)877-_____

Expected **Breakfast** Count: _____

Expected **Lunch** Count: _____

Serve Dates:					
Breakfast Count:					
Lunch Count:					

Saturday School request must be submitted at least 10 days in advance.

Instructions for cafeteria staff:

Principal Printed Name _____ Signature _____

Received By: _____
(Cafeteria Manager)

Date Received: _____