Meals Away from Your School Request Order Form 2026 - 2027

Kitchen Staff Only
Notify the FNS Office staff: ☐
Production Records: Requested ☐ Received ☐
Roster list/Pin list: Requested ☐ Received ☐
Enter meals: Onsite ☐ WEAC ☐

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 Lunch"
Peanut Butter Sandwich with String Cheese
Baked Chips
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 with mayo packet
Baked Chips
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.): _____
Student(s) on Special Diets: _____ Specify Diet (Milk, Gluten Free, Peanut Free, etc.): _____

Number of Meals Needed for Lunch: Students _____ Adults **NEED TO PAY IN ADVANCE** (Cost $5.30/Meal) _____
Number of Meals Needed for Breakfast: Students _____ Adults **NEED TO PAY IN ADVANCE** (Cost $2.55/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!**