

Sack Lunches for Student Testing Request Form

Date of Request: _____

Date Sack Lunches Needed: _____

Time Needed: _____

Campus: _____

Teacher/Sponsor: _____

Grade/Organization: _____

Total of Sack Lunches Requested: _____

Special Meal Request: _____ Ex. Hot dogs, Burgers, Sandwiches or Meal Breaks

Special Diet Instructions

Student's Names and Special Diet (if Any) Ex: Jimmy S. (Milk Intolerant):

Teacher/Sponsor Signature

Date

Principal Signature

Date

Food Service Director

Date

Instructions

1. Sack Lunches for Student Testing Request Form must be received by the Food Service Director within fifteen (15) instructional days in advance. (Ex. STAAR, End of Course Testing, Etc.)
2. Specify any special diets needed. Provide the name of the student and his/her special diet.
3. The number of special diets requested should already be included in the total number of sack lunches requested. If the correct documentation is not of file for the diet, the diet will not be honored.

For further information or questions concerning sack lunches please contact the Food Service Office at ext. 234.

