



Special Meal Request Form

FAX completed form to 210-228-3157 OR SCAN/EMAIL TO agarza26@saisd.net. Submit 1 form per event/date for which meals are requested.
 The Child Nutrition Services (CNS) Central Office must receive the form **at least 10 school calendar days prior to the event date**.
 Failure to properly notify the CNS Central Office may result in not being able to accommodate the request. Extra labor, materials, and food cost may be charged.
 All requests must be evaluated and approved by the CNS Central Office first, who will then forward the request to the school food service manager¹⁻³.

School Name:		Date Needed:	
Contact Name:		Grade:	
Direct Contact #:		Room #:	
Email Address:			

1 — Meal Requested (Select One)

- Breakfast
- Lunch
- None (Meals will be Provided Off-Campus)

2 — Event Type (Select One)

- Field Trip
- Field Day
- Testing
- Saturday School Tutoring

3 — Time Requested (Indicate Time of One Option Below)

Pick-Up Time—Chilled Sack-Lunches will be Eaten **OFF-Campus**
 (or my school is approved for Saturday School meals)

~OR~

Change in Serving Time—Hot Meals will be Eaten **ON-Campus**
 All students, testing and non-testing, will receive the planned menu of the day. All students must go through the lunch line. To-go containers may be approved if the students will not be eating their lunch in the cafeteria.

4 — Distribution Method (Select)

Student Rosters should be provided to the CNS staff prior to teacher pick-up. For on-campus events, students must receive a hot meal as listed on the menu.

5 — # of Meals (Indicate Numbers)

of Regular Student Meals _____

of Special Diets (Please Include Names Below!) _____

- Students will receive their meals through the serving line
- To-go containers requested for hot meals to be eaten outside cafeteria
- Teacher will pick-up meals (Field Trips, BIC, and Saturday School Only)
- Ice chests requested (Off-Campus Meals)

Special Diet Student Names:

Head Start Teacher Meals (Head Start Parent Meals Must be Submitted on a Different Form)

All Other Adult Meals (Please Note!! Adults Must Purchase their Meals through the Register for \$5.00)

I understand that this request should be signed and submitted at least 10 school calendar days prior to the event date.

Requestor:	Signature:	Date:
Principal:	Signature:	Date:

TO BE COMPLETED BY SAISD CHILD NUTRITION SERVICES: Request Approved Request Not Approved

Comments:

SAISD CNS Authority: _____ Date: _____

DAY OF THE EVENT: By initialing below you agree that all meal components are maintained at ≤41°F and meals are consumed within 4 hours of leaving the cafeteria. Requestor Initials _____ Manager Initials _____ Date _____

1-Sack lunches are not allowed on testing days, on-campus field days, or the last week or school.
 2-All students are entitled to receive a free school meal. If you are planning on providing an alternate meal, please contact Alyssa Garza, District Dietitian, CNS at 554-2290.
 3-Due to strict nutrition guidelines and regulations, menu changes are limited. All changes must be made by the CNS Menu Planner due to USDA Federal Regulations.

This institution is an equal opportunity provider.