Sack lunches are not allowed on testing days, on-campus field days, or the last week of the school.

Sack lunches that are requested but not cancelled within 24 hours of service will be charged $2.60 per student and $3.75 per adult.

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.

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.

San Antonio Independent School District
Child Nutrition Services
San Antonio, TX 78207
Telephone (210) 554-2290

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. 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.

Meals will only be provided to students for events that occur on scheduled school days. All requests must be evaluated and approved by the CNS Central Office first, who will then forward the request to the school food service manager.

### 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
- [ ] Testing
- [ ] Field Day
- [ ] 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.*
- [ ] 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)*

### 5 — # of Meals (Indicate Numbers)

- [ ] # of Regular Student Meals
- [ ] # of Special Diets *(Please Include Names Below!)*
- [ ] 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 $3.75)**

_____ 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 ________

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