2020-2021

**GLUTEN-FREE STUDENTS MUST ORDER FROM THIS MENU ONLY**

Parsippany School District

**GLUTEN-SAFE MENU** Only with documented allergy

**Available Daily**

**A Complete Lunch Includes:**

Entrée (with Protein/Grain)

**Fruit/Vegetable**

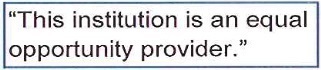
Milk

|  |  |
| --- | --- |
| **A** | Cheeseburger on a Bun |
| **B** | Grilled Chicken on a Bun |
|  |  |
|  |  |
|  |  |

All items served cold for home heat & serve

**Important consideration when deciding to participate in Gluten-Safe school lunch offerings:**

Pomptonian’s staff prepares and cooks a wide variety of meals and does not have separate equipment and space for gluten-safe (GS) meal preparation. To minimize the chance for cross-contamination, the GS items that are available for   
pre-order, are prepared by trained staff with, as per the manufacturer’s label, gluten-safe ingredients.



***Cut at this line and keep the above menu portion for your reference.***

*Please submit lunch forms promptly.*

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Please use the number codes listed above to indicate your selections *for the month* on the order form below and return it by1 week prior in an envelope to your school cafeteria. Please be sure to put money on your child’s account prior to placing orders. It is important to go over the menu with your child. If your student is going to be absent on a day that lunch was ordered, please call the Food Service Director at 973- 682-2801 by 8 a.m. the morning the student is to be absent.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| MONTH: | MON | TUE | WED | THU | FRI |  |
| Week of: |  |  |  |  |  | STUDENT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Week of: |  |  |  |  |  | GRADE/TEACHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Week of: |  |  |  |  |  | SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Week of: |  |  |  |  |  | PARENT/GUARDIAN PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Week of: |  |  |  |  |  | PARENT/GUARDIAN E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  | NUMBER OF MEALS SELECTED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***NOTE TO FREE, REDUCED & PAID LUNCH RECIPIENTS:*** If you plan to participate in the lunch program, you **must**   
fill out and return this form **1 week prior** to the day it is to be served or **NO LUNCH** will be provided.

|  |  |
| --- | --- |
| **Elementary/MS** Lunch price | **Elementary/MS** Reduced Price Lunch |
| **$3.20** | **$.00** |

|  |  |  |
| --- | --- | --- |
| **HS** Lunch price | **HS** Featured Favorite/Village Fresh Lunch | **HS** Reduced Price Lunch |
| **$3.20** | **$3.70** | **$.00** |

GS