



**Raymondville ISD
Child Nutrition Services**

Request for Meals To Go Grades K-5

(Request is due to the Food Service Office 10 working days prior to the date needed)

To School Cafeteria: _____
 Requesting Principal: _____
 Campus: _____
 Trip Destination: _____

Time delivered meals needed: _____
 Time meals will be picked up: _____
 Date needed: _____
 Meal Time: _____

NOTE:
ALL ICE CHEST CONTAINING SACK LUNCHES MUST BE STORED IN AN AIR CONDITIONED AREA OF THE BUS.

***Do any students have a prescribed Special Diet or Food Allergy Diet? _____ Yes _____ No**

<u>Student Name</u>	<u>Diet</u>	
_____	_____	If you do not know contact the Campus Cafeteria Manager
_____	_____	
_____	_____	

NUMBER OF LUNCHES NEEDED: Breakfast: _____ Lunch: _____

Breakfast Menu: Please select one choice of menu:
 _____ Cereal Bar & Graham Cracker
 _____ Poptarts(2)

Lunch Menu: Please select one choice of menu:
 _____ Ham & Cheese Sandwich
 _____ w/Sandwich Salad & Sun Chips
 _____ Hot Dog w/Broccoli Trees & Baked Doritos Chips
 _____ P/B Jamwich w/ Mozz. Cheese Stick w/Broccoli Trees

Other items included:
 Orange juice 4oz. & Asst. Milk 8 oz.

Other items included:
 Baby Carrots (1/2 c) w/FF Ranch, Fresh Fruit & 8oz Milk

(MENUS SUBJECT TO CHANGE DUE TO FOOD AVAILABILITY)

Federal reimbursement may be claimed for one breakfast and one lunch per child per day. A list of the names of the students receiving the sack meals must be attached too this form when it is returned to food service with the unserved meals.

In order for the school to claim federal reimbursement for meals served, milk must be available (offered) to the students receiving the meals to go. Each milk must be maintained at a safe temperature(41 degrees F. or below).

Time of Pick up: _____
 Temperature of Potentially Hazardous Foods:
 Milk _____ degrees Fahrenheit
 Meat _____ degrees Fahrenheit
 Other _____ degrees Fahrenheit
 Other _____ degrees Fahrenheit

Time of Service: _____
 Milk _____ degrees Fahrenheit
 Meat _____ degrees Fahrenheit
 Other _____ degrees Fahrenheit
 Other _____ degrees Fahrenheit

I have read the information above. I understand the importance of maintaining the potentially hazardous foods at a safe temperature and serving them within a safe time period. I recognize that the meals served to students listed on the attached sheet will be claimed for federal reimbursement. I will take care to list only the names of students who receive a reimbursable meal.

Signature of Adult Receiving Meals & Thermometer _____

THANK YOU FOR SUPPORTING SCHOOL FOOD SERVICE!



**Raymondville ISD
Child Nutrition Services**

Request for Meals To Go Grades 6 - 8

(Request is due to the Food Service Office 10 working days prior to the date needed)

To School Cafeteria: _____ Time delivered meals needed: _____
 Requesting Principal: _____ Time meals will be picked up: _____
 Campus: _____ Date needed: _____
 Trip Destination: _____ Meal Time: _____

NOTE:
ALL ICE CHEST CONTAINING SACK LUNCHES MUST BE STORED IN AN AIR CONDITIONED AREA OF THE BUS.

***Do any students have a prescribed Special Diet or Food Allergy Diet? _____ Yes _____ No**

<u>Student Name</u>	<u>Diet</u>	
_____	_____	If you do not know contact the Campus Cafeteria Manager
_____	_____	
_____	_____	

NUMBER OF LUNCHES NEEDED: Breakfast: _____ Lunch: _____

Breakfast Menu: Please select one choice of menu: _____ Cereal Bar & Graham Cracker _____ Poptarts(2)	Lunch Menu: Please select one choice of menu: _____ Ham & Cheese Sandwich w/Sandwich Salad & Sun Chips _____ Hot Dog w/Broccoli Trees & Baked Dorito Chips _____ P/B Jamwich w/ Mozzarella Cheese Stick w/ Broccoli Trees
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Other items included: Orange juice 4oz. & Asst. Milk 8 oz.	Other items included: Baby Carrots (1/2 c), FF Ranch Dressing, Fresh Fruit, and 8 oz. milk, Rice Krispy Treat Mini
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(MENUS SUBJECT TO CHANGE DUE TO FOOD AVAILABILITY)
 Federal reimbursement may be claimed for one breakfast and one lunch per child per day.
 A list of the names of the students receiving the sack meals must be attached too this form
 when it is returned to food service with the unserved meals.

In order for the school to claim federal reimbursement for meals served, milk must be available
 (offered) to the students receiving the meals to go. Each milk must be maintained at a safe
 temperature(41 degrees F. or below).

Time of Pick up: _____	Time of Service: _____
Temperature of Potentially Hazardous Foods:	
Milk _____ degrees Fahrenheit	Milk _____ degrees Fahrenheit
Meat _____ degrees Fahrenheit	Meat _____ degrees Fahrenheit
Other _____ degrees Fahrenheit	Other _____ degrees Fahrenheit
Other _____ degrees Fahrenheit	Other _____ degrees Fahrenheit

I have read the information above. I understand the importance of maintaining the potentially hazardous
 foods at a safe temperature and serving them within a safe time period. I recognize that the meals served
 to students listed on the attached sheet will be claimed for federal reimbursement. I will take care to list only the
 names of students who receive a reimbursable meal.

Signature of Adult Receiving Meals & Thermometer _____

THANK YOU FOR SUPPORTING SCHOOL FOOD SERVICE!



**Raymondville ISD
Child Nutrition Services**

Request for Meals To Go Grades 9-12th

(Request is due to the Food Service Office 10 working days prior to the date needed)

To School Cafeteria: _____
 Requesting Principal: _____
 Campus: _____
 Trip Destination: _____

Time delivered meals needed: _____
 Time meals will be picked up: _____
 Date needed: _____
 Meal Time: _____

NOTE:
ALL ICE CHEST CONTAINING SACK LUNCHES MUST BE STORED IN AN AIR CONDITIONED AREA OF THE BUS.

***Do any students have a prescribed Special Diet or Food Allergy Diet? _____ Yes _____ No**

Student Name _____	Diet _____	
_____	_____	If you do not know contact the Campus Cafeteria Manager
_____	_____	
_____	_____	

NUMBER OF LUNCHES NEEDED: _____ Breakfast: _____ Lunch: _____

Breakfast Menu: Please select one choice of menu:

_____ Cereal Bar & Graham Cracker
 _____ Poptarts(2)

Lunch Menu: Please select one choice of menu:

_____ Ham & Cheese Sandwich
 _____ w/ Sandwich Salad & Sun Chips
 _____ Hot Dog/ w/Broccoli Trees & Baked Dorito Chips
 _____ P/B Jamwich w/ Mozzarella Cheese Stick
 _____ w/ Broccoli Trees, Honey Grahams

Other items included:

Orange juice 4oz. & Asst. Milk 8 oz.

Other items included:

Baby Carrots (1/2 c), Ranch Dressing,
 Fresh Fruit, Canned Fruit, and 8 oz. Milk

(MENU SUBJECT TO CHANGE DUE TO FOOD AVAILABILITY)

Federal reimbursement may be claimed for one breakfast and one lunch per child per day.
 A list of the names of the students receiving the sack meals must be attached too this form
 when it is returned to food service with the unserved meals.

In order for the school to claim federal reimbursement for meals served, milk must be available
 (offered) to the students receiving the meals to go. Each milk must be maintained at a safe
 temperature(41 degrees F. or below).

Time of Pick up: _____
 Temperature of Potentially Hazardous Foods:
 Milk _____ degrees Fahrenheit
 Meat _____ degrees Fahrenheit
 Other _____ degrees Fahrenheit
 Other _____ degrees Fahrenheit

Time of Service: _____
 Milk _____ degrees Fahrenheit
 Meat _____ degrees Fahrenheit
 Other _____ degrees Fahrenheit
 Other _____ degrees Fahrenheit

I have read the information above. I understand the importance of maintaining the potentially hazardous
 foods at a safe temperature and serving them within a safe time period. I recognize that the meals served
 to students listed on the attached sheet will be claimed for federal reimbursement. I will take care to list only the
 names of students who receive a reimbursable meal.

Signature of Adult Receiving Meals & Thermometer _____

THANK YOU FOR SUPPORTING SCHOOL FOOD SERVICE!