



Rio Grande City C.I.S.D. - Child Nutrition Program Sack Lunch Request Form

Requests must be submitted to the Cafeteria Manager a minimum of 5 days prior to the date needed.

Requested By: _____ **Campus:** _____

Date of Request: _____ **Purpose of Request:** _____

Contact Person: _____ **Contact Phone No.:** _____

Teachers/designees: In order to accurately claim student meals, please submit a list of students that actually picked up a meal.

Date & Hour of Service: _____ **Location of Delivery:** _____

Number of Meals Needed:

Breakfast _____ **Students*** _____ **Adults**

Lunch _____ **Students*** _____ **Adults**

Adult meals are to be paid in advance.

Ice chests required? _____ **Yes** _____ **No** _____ **Qty**

**Please notify your Cafeteria Manager of any requests for students with special dietary needs.*