

ZCISD

Child Nutrition Program

REQUEST FOR SACK LUNCH/BREAKFAST

Date of Request: _____

Date of Sack Lunch/Breakfast: _____

School: _____

Teacher/Principal: _____

Total Of Lunch Requested: _____

Total Of Breakfast Requested: _____

THIS AMOUNT WILL AUTOMATICALLY BE REDUCED FROM YOUR LUNCH COUNT.

Time to pick up Lunch _____ Time to pick up Breakfast _____

SPECIAL DIET INSTRUCTION SHEET.

Student's Names and Special Diets (if any) ex: Johnny V. (Peptic Ulcer): _____

Teacher Requesting: _____

CNP Signature: _____

School Principal: _____

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W Whitten Building, and 1400 Independence Avenue, SW Washington, D.C. 20250-9410 or call 800/795-3272 or 202/720-6382 (TTY). USDA is an equal opportunity provider and employer.