



# AUSD Classroom Pizza Party Order Form



**This form is due 10 working days prior to date of event.**

Payment for students not eligible for free or reduced meals will need to be paid for by the site.

Today's date: \_\_\_\_\_

School: \_\_\_\_\_

Contacts email: \_\_\_\_\_

Teacher: \_\_\_\_\_

Date of party: \_\_\_\_\_

Number of students: \_\_\_\_\_

Time requested: \_\_\_\_\_

Number of Adults: \_\_\_\_\_

**Cheese Pizza** or/ and  **Pepperoni**

Served with fruit, vegetable, milk

**Please select your form of payment for students who are in a paid status and all adults:**

**-Budget Code:** \_\_\_\_\_

**-Cash or Check**

**Teacher:**

Please give an accurate class roll sheet of all students participating to the food service worker when picking up the food. **We cannot serve without a roll sheet. All leftovers must be returned to café with roster of students who participated.**

\_\_\_\_\_  
Principal approval

\_\_\_\_\_  
Date

**Office staff:**

Please send your request to Child Nutrition Services via email at [Catering@alvord.k12.ca.us](mailto:Catering@alvord.k12.ca.us)

We will send you a confirmation along with the amount owed. If you do not receive a confirmation please contact Child Nutrition Center at 951-509-6200.

Confirmed by: \_\_\_\_\_

CNC initials

Amount Due to CNS: \_\_\_\_\_

Please submit payment by: \_\_\_\_\_