

BROWNSVILLE INDEPENDENT SCHOOL DISTRICT
Food & Nutrition Service Department

School Name: _____
Principal: _____
Date: _____

Allow 2 weeks advance notice for processing of request.



*SATURDAY MEAL REQUEST 2020 - 2021

- * Note:** 1) Principal and/or Designee are required to attend **Civil Rights** training prior to implementation of request.
- 2) All lines must be completed w/the required information. An incomplete request will delay processing.

Date of Teachers/Coordinators Training: _____ Phone #: _____

Program Name: _____ Grade/s: _____ # of Students: _____

Starting Date: _____ Ending Date: _____

Days of Service: _____

(i.e. Attach calender, MWF, Sat 8/17, 24, &31, Etc.)

Meals

- Breakfast Snack
- Lunch

Serving Time:

30 Minute Window

Description of Saturday Enrichment Program: _____

**If activity will be cancelled please provide 48 hour notice

For Office Use Only:

Date Approved: _____	Name of Contact: _____
Approved By: _____	Phone #: _____
Initial Visit: _____	Position of Contact: _____
Follow-up Visit: _____	Visited By: _____
	Visited By: _____

*Allowable for Academic Programs