

**MISSION C.I.S.D. CHILD NUTRITION PROGRAM
2021-2022 SPECIAL REQUEST FORM**

- Only one request per form
- Seven (7) working days advance notice required
- Less than seven (7) days can't guarantee approval
- 24 hour cancellation required or request will be charged
- Email request form to Angelica Luera (aluera02@mcisd.org) and Ruby Saenz (rsaenz39@mcisd.org)

Campus: _____	Person Submitting Request: _____	Date: _____
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SACK BREAKFAST **Date Needed:** _____ **Time Needed:** _____ **Grade(s):** _____

SACK LUNCH

Pick up in the Cafeteria *or* Deliver to Room #: _____

Number of Student Meals: _____ (attendance roster required)

PO#: _____

Number of Adult Meals: _____ \$4.50 each

(One adult meal at no charge allowed per classroom when school is in session)(No free meals on Saturdays)

MENU CHANGE *Menu Changes can only be done within the same week.
Date(s): _____ **Grade(s):** _____

Room Numbers: _____

Breakfast **Number of Breakfasts/Students:** _____

Lunch **Number of Lunches/Students:** _____

Reason: _____

Requested Menu Change: _____

SUPPER
Number of Students: _____ **Grade(s):** _____

Start/End Dates: _____ **Serving Times:** _____

Days of Operation *(check all that apply)* Monday Tuesday Wednesday Thursday Friday

PROGRAM *(check one):* Daycare Educational (tutoring) Enrichment

SATURDAY BREAKFAST - No BIC. Students may pickup breakfast in the cafeteria.

Date(s): _____ **Serving Times (start/end):** _____

Number of Breakfasts/Students: _____ **Activity:** _____

➤ **Person Submitting Request Signature:** _____ **Date:** _____

➤ **Principal's Signature:** _____ **Date:** _____

FOR CNP OFFICE USE ONLY

<input type="checkbox"/>	APPROVED		
<input type="checkbox"/>	REJECTED	CNP Director/Asst. Director Signature	Date