

Bag Lunch Order Form

Name of School:	Number of Meals Requested:
Teacher(s)/Grade:	Date of Field Trip/Event:
Time leaving school:	

Meal Type: Lunch

Grade Group: circle the one that applies: Pre-K K-5 6-8 9-12

***Please send this form to HS, or give to Diane (CES), or Kelly (Eden), as early as possible, when a field trip is scheduled.**

Meal Components	Menu items	Portion Sent (Food service staff will fill in this column to meet meal pattern requirements for selected grade group)
Meat/Meat Alternate	Uncrustable (peanut butter) + cheese stick	
Grains	Uncrustable (bread) +WG snack	
Vegetable	Baby carrots	
Fruit	Fruit	
Milk	1% white OR FF choc.	
Other		

Please observe the following procedures:

1. Store bag meals in insulated containers with the cover secured until meal service.
2. Serve the meal as soon as possible to prevent prolong storage.
3. Do not serve food items that have been left out of insulated containers for more than two hours.
4. Discard left over bag meals in appropriate receptacle.

Teacher's Signature

Date

Please contact the person listed below for questions or concerns about the bag meals.

Contact Name: Cheryl Hintz

Title: Food service Manager

Phone number: (920) 533-1283

E-mail: chintz@csd.k12.wi.us

List of Students Receiving Reimbursable Meals

Name of School _____

Teacher/Grade _____

Date of trip or event _____

Meal Type: Lunch

List those students who received reimbursable bag meals. To obtain accurate participation data, record this information when the meals are distributed to students. Please check off each student that receives a bag lunch.

1.	21.
2.	22.
3.	23.
4.	24.
5.	25.
6.	26.
7.	27.
8.	28.
9.	29.
10.	30.
11.	31.
12.	32.
13.	33.
14.	34.
15.	35.
16.	35.
17.	37.
18.	38.
19.	39.
20.	40.

RETURN THE BAG LUNCH FORM AND LIST OF STUDENTS RECEIVING REIMBURSABLE BAG MEALS TO: Cheryl Hintz @ CHS Kitchen or you may give your forms to Diane @ CES, or Kelly @ Eden .