



Meal Service Request Form

Child Nutrition Program

101 W. Saunders St. Laredo, Texas 78041

Phone: (956) 273-1600

Fax: (956) 273-1695

The School Breakfast Program and National School Lunch Program prohibits schools from providing meals from other entities/sources. The Child Nutrition Program can assist in planning and/or providing special meals during a planned alternative meal service. For more information please contact your Cafeteria Manager or the Child Nutrition Program.

Please request (5) days prior to meal service.

Select one option: ☐ Sack Lunch ☐ Breakfast Meal ☐ Lunch Meal ☐ Super Saturday Meal/Snack ☐ Supper Meal

School Name: _____

Today's Date: _____

Teacher's Name: _____

Phone #: _____

E-mail: _____

Meal Request Date: _____ Number of Meals _____ Grade: _____

CANCELLATION OF CAFETERIA MEALS WILL BE MADE AUTOMATICALLY

Special Diet Instructions

Students with special dietary needs on file with the Child Nutrition Program may be provided a meal that is based on the written medical statement provided to the school nurse and CNP Dietitian. Your school's Cafeteria Manager will consult with their Area Supervisor and CNP Dietitian for an appropriate meal to be served.

Student's Name: _____

Special Diet: _____

Student's Name: _____

Special Diet: _____

Student's Name: _____

Special Diet: _____

Teacher's Signature: _____

Date: _____

Principal's Signature: _____

Date: _____

Cafeteria Manager's Signature: _____

Date: _____

CNP Dietitian's Signature: _____

Date: _____

CNP Bookkeeper/Cost Analyst: _____

Date: _____

1. Sack Lunch Requests for field trips, STAAR testing or other special events must be received by CNP Cafeteria Manager in writing (5) instructional days in advance.
2. No requests by phone or email will be accepted without a **Meal Service Request Form**.
3. Please specify any special diets needed. Provide the name of the student and his/her special diet. The number of special diets requested should be included in the total number of
4. For further information, or any questions concerning alternative meal service options, please call CNP at (956)273-1600

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or by email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

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