

MISSION C.I.S.D. CHILD NUTRITION PROGRAM  
SACK BREAKFAST REQUEST FORM 2016-2017

Date Submitted: \_\_\_\_\_

CNP OFFICE USE ONLY \_\_\_\_\_ Site \_\_\_\_\_ CK

PLEASE SUBMIT ONE COPY TO CNP OFFICE SEVEN (7) DAYS IN ADVANCE TO ASSURE DELIVERY. **ORDERS RECEIVED LESS THAN (7) DAYS PRIOR TO EVENT MAY NOT BE APPROVED.**

CNP Office: 323-3800

CNP Fax: 323-8176

Person Submitting Request: \_\_\_\_\_

Grade: \_\_\_\_\_

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

Date sack breakfast needed: \_\_\_\_\_

Deliver breakfasts to room #: \_\_\_\_\_ / Time: \_\_\_\_\_

**OR**

Pick up in the cafeteria: \_\_\_\_\_ / Time: \_\_\_\_\_

*(Student meals are at no charge when school is in session. Otherwise breakfast meals are \$2.25 including Saturdays)*

Please send an attendance roster of your class to the Child Nutrition Program Office on day of event for T.D.A. reporting purposes. Please direct any questions to 323-3800.

Reason for Sack Breakfast Request: \_\_\_\_\_

Number of Sack Breakfast Needed:

Students: \_\_\_\_\_ (attendance roster required)

**Purchase Order # is required at time of request**

Adults: \_\_\_\_\_ \$2.25 each

Total for adult meals due: \$ \_\_\_\_\_

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

(CNP Office will complete this section)

**Fruit Juice - Choose One:**

\_\_\_\_\_ Fruit Punch Juice

\_\_\_\_\_ Apple Juice

\_\_\_\_\_ Grape Juice

**\*\*All Sack Breakfasts include ½ pint of Milk:**

**Indicate amount requested of each below**

\_\_\_\_\_ Skim Milk

\_\_\_\_\_ Milk 1 %

\_\_\_\_\_ Chocolate Milk

**\*\*Meals cancelled the same day or after noon the day before will be charged to the person signing this request at \$2.25 each meal.**

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

\_\_\_\_\_ Date

Approved by: \_\_\_\_\_

Principal

\_\_\_\_\_ Date

\_\_\_\_\_ Child Nutrition Program Director

\_\_\_\_\_ Date

**\*\*Milk and/or meal must be transported in ice chests. Ice is provided at no charge.**