



JUNE 2018

PARSIPPANY-TROY HILLS Pre-Order Dairy Allergy Lunch Menu



POMPTONIAN
FOOD SERVICE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		VEGETABLE OF THE MONTH Corn	FRUIT OF THE MONTH Strawberries	1 A. Hamburger on a Bun Bean Salad Raisins
<i>National Fresh Fruits & Vegetables Month</i>				
4 A. Soft Shell Beef Taco Baby Carrots Apple Slices	LUCKY STICKER DAY 5 ½ Day - No Lunch Service	6 A. Hamburger on a Bun Apple Baby Carrot Bag	LUCKY STICKER DAY 7 A. Grilled Chicken on a Bun Cherry Tomatoes Pear	8 A. Burrito w/ Seasoned Meat Bean Salad Raisins
11 A. Chicken Patty on a Bun Baby Carrots Apple Slices	LUCKY STICKER DAY 12 A. Hamburger on a Bun Cucumber Slices Fresh Orange	13 A. Nachos Grande w/ Seasoned Meat Apple Baby Carrot Bag	LUCKY STICKER DAY 14 A. Chicken Nuggets w/ a Roll Cherry Tomatoes Pear	15 A. Beef Wafer Steak on a Bun Bean Salad Raisins
	National Flag Week		FLAG DAY	
18 A. Hamburger on a Bun Baby Carrots Apple Slices	19 ½ Day - No Lunch Service	20 ½ Day - No Lunch Service	21 ½ Day - No Lunch Service	22
			Summer Begins	
25	26 ENJOY YOUR SUMMER BREAK	27	28	29

Daily Alternates Also Available:

- B: Turkey Hero w/ Italian Dressing on the Side
- C: Ham Hero w/ Italian Dressing on the Side
- D: Garden Salad w/ Cucumbers & Cup of Bean Salad w/ Italian Dressing Packet



At least 50% of All Grains served w/ your meal are Whole Grain Rich

Lunch Price = \$2.85 daily

"This institution is an equal opportunity provider."

A Complete Meal Includes:

- Entrée (w/ Protein/Grain)
- Fruit and Vegetable Selection**
- Juice
- Lactose-Free Milk Available
- Menu Subject to Change**

ELEMENTARY LUNCH ORDER FORM

If your child will be absent on the day for which a meal was ordered, or if you have any questions, please call 973-682-2815 ext. 2411 by 8:00 a.m. on the day of the absence. **Menu Subject to Change. PLEASE KEEP TOP PORTION FOR YOUR RECORDS.**

Tear at this line and return **BOTTOM ONLY** in an **ENVELOPE**.

Please PLACE THE LETTER OF YOUR CHOICE IN the appropriate box and return this form **no later than 2 days prior to your first order, by 10:00 a.m.** in an **ENVELOPE** with the exact money OR check made payable to the Parsippany-Troy Hills Board of Education.

Dairy-Allergy Order for JUNE 2018

Student's Name & I.D. # _____

Teacher's Name _____ RM# _____

Grade _____ Amount Enclosed _____

Please write the **LETTER** of your choice in the spaces provided – one choice

MON	TUE	WED	THU	FRI
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29