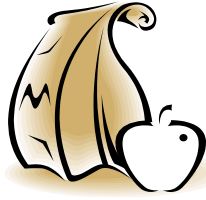


**VALLEY VIEW I.S.D.
CHILD NUTRITION DEPARTMENT**



SNACKS REQUEST FORM

Instructions:

Please submit request to Child Nutrition Office after approved by Principal. Request must be submitted **TWO WEEKS in advance**. One request per teacher please.

Today's Date: _____ CAMPUS _____ **Number of Students** _____

Date _____ or **Start Date** _____ **Tentative Ending Date:** _____

Time(s) needed: _____ a.m. _____ p.m. _____ after school (21st, tutorial, U.I.L. or _____)

Please check one:

Please circle day (s):

21 st Century	Mon	Tue	Wed	Thurs	Fri	Sat
Tutorial	Mon	Tue	Wed	Thurs	Fri	Sat
U.I.L.	Mon	Tue	Wed	Thurs	Fri	Sat
Other:	Mon	Tue	Wed	Thurs	Fri	Sat
TESTING	A.M.			P.M.		

Please check only 1 item:

Please check only 1 item:

Chilled Fruit Juice (Orange or Apple)	Rice Crispies
Assorted Milk (1%, Skim, Chocolate)	Muffin
	Cheetos

Menu items may be substituted based on availability

Please document any special diet needs required for any of the participants

Approved:

Principal

Date

Child Nutrition Director

Date