

## LUNCH MENU - OCTOBER 2020

### FOOD ALLERGY NOTICE

Please be advised that food served here may contain these ingredients: milk, eggs, wheat, soy, peanuts, tree nuts or fish.

Mon	Tue	Wed	Thu	Fri
<b>October 5</b> Italian Sub Chips <input type="checkbox"/> Fresh Fruit select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water	<b>October 6</b> Mac & Cheese Garlic Roll Salad <input type="checkbox"/> select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water	<b>October 7</b> <input type="checkbox"/> Char-Hut Hamburger or <input type="checkbox"/> Cheeseburger Chips Fruit or Apple Sauce select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water	<b>October 8</b> 2 Tacos w/ Ground Beef Rice + Red Beans Fresh Fruit <input type="checkbox"/> select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water	<b>October 9</b> Pizza Garlic Roll Salad <input type="checkbox"/> select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water
<b>October 12</b> Ham & Cheese Croissant Chips <input type="checkbox"/> Fresh Fruit select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water	<b>October 13</b> Bow Tie Pasta w/ Alfredo Sauce Garlic Roll Salad <input type="checkbox"/> select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water	<b>October 14</b> <input type="checkbox"/> Char-Hut Hamburger or <input type="checkbox"/> Cheeseburger Chips Fruit or Apple Sauce select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water	<b>October 15</b> Chicken Tenders Tater Tots Fresh Fruit <input type="checkbox"/> select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water	<b>October 16</b> Pizza Garlic Roll Salad <input type="checkbox"/> select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water
<b>October 19</b> Turkey Cheese Sub Chips <input type="checkbox"/> Fresh Fruit select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water	<b>October 20</b> Baked Ziti w/ Tomato Sauce Garlic Roll Salad <input type="checkbox"/> select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water	<b>October 21</b> <input type="checkbox"/> Char-Hut Hamburger or <input type="checkbox"/> Cheeseburger Chips Fruit or Apple Sauce select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water	<b>NO SCHOOL - TEACHER IN-SERVICE</b>	
<b>October 26</b> Steak & Cheese Sub Corn on the Cob Fresh Fruit <input type="checkbox"/> select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water	<b>October 27</b> Mac & Cheese Garlic Roll Salad <input type="checkbox"/> select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water	<b>October 28</b> <input type="checkbox"/> Char-Hut Hamburger or <input type="checkbox"/> Cheeseburger Chips Fruit or Apple Sauce select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water	<b>October 29</b> Grilled Chicken w/ Yellow Rice & Black Beans Sweet Plantains Fresh Fruit <input type="checkbox"/> select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water	<b>October 30</b> Pizza Garlic Roll Salad <input type="checkbox"/> select one drink: <input type="checkbox"/> Milk <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water

Child's Name: \_\_\_\_\_

Total # of Meals: \_\_\_\_\_ x \$5.00 = \_\_\_\_\_

Please BILL to my FACTS Acct.

Late Fee of \$5 if submitted after 10/01/2020 = \_\_\_\_\_

Grade / Teacher: \_\_\_\_\_

Pre-Purchased Café Credit = \_\_\_\_\_

Digital Signature for FACTS charges \_\_\_\_\_

Total: = \_\_\_\_\_

Please note that if lunch is not purchased in advance, that \$1.50 will be added to the cost of each lunch. Lunches ordered the day needed may vary.

**CAFÉ CREDIT:** Snacks and ice cream will be available for purchase through pre-purchased Café Credit for K5 – 8<sup>th</sup>. Café Credit will be charged in advance to your FACTS, please indicate the amount above. Upon purchase, students will receive Café Credit tickets they can utilize to purchase their preferred snacks and/or ice cream.

FOR OFFICE USE ONLY	
Received: _____	By: _____
Original charge amount / date: _____	Add'l charge amount / date: _____