

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
				
		Free meals for all students*		
	BBQ Rib Sandwich	Chicken Nuggets With Split Top Dinner Roll	Macaroni & Cheese With Split Top Dinner Roll	Pizzeria-Style Pizza
Weekly Alternate: Grilled Cheese Sandwich				
All-White Meat Chicken Tenders w/ a Split Top Dinner Roll	Pizza Quesadilla	Cheeseburger On a Bun	Mini Pancakes w/ Cheese Sticks & Emoji Potatoes	Pizzeria-Style Pizza
Weekly Alternate: Pizza Crunchers				
Popcorn Chicken w/ a Split Top Dinner Roll	Cheese Stuffed Sticks w/ Marinara Sauce	Grilled Cheese Sandwich	General Tso's Chicken w/ Vegetable Fried Rice & a Fortune Cookie	Pizzeria-Style Pizza
Weekly Alternate: PizzaBoli				
Boneless Chicken Wings w/ a Split Top Dinner Roll	Nachos Grande w/ Beef, Cheese, Brown & Scoops	Cheesesteak Hero	Mini Waffles w/ Cheese Sticks & Emoji Potatoes	
Weekly Alternate: Grilled Cheese Sandwich				

Also Available Daily:

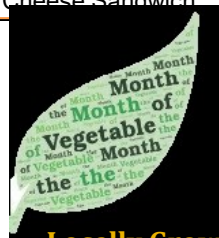
Bagel & Yogurt Lunch w/ a Cheese Stick
Grilled Chicken Caesar Salad w/ a Roll

Assorted Sandwiches

Italian Hero
Turkey & Cheese Sandwich
Ham Sandwich



**Locally Grown
Bartlett Pears**



**Locally Grown
Corn**



A Complete Lunch Includes:

Entrée (with Protein/Grain)
Trip to The Farm Stand
(students must select at least a serving of fruit or vegetable)

Hormone-Free Milk

Menu Subject to Change

Your comments are important to us. Please e-mail us at comments@pomptonian.com



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



Allergy Aware menus are available for students with food allergies. For more information contact your Food Service Director or see our Food Allergy Best Practices at www.pomptonian.com.

"This institution is an equal opportunity provider."



September MOONACHIE

2021

Robert L. Craig Elementary School
ORDER FORM



POMPTONIAN
FOOD SERVICE

Please indicate your breakfast and lunch choice by including the code from the list below in the appropriate box for the days you would like to order. Return each form to the school by 9:00 a.m. on the due date indicated in an ENVELOPE with the exact money OR check made payable to the "Moonachie Board of Education."

Breakfast Codes: [B1] Daily Breakfast

Lunch Codes: [D1] Daily Lunch

Breakfast: No Charge
Reduced Breakfast: No Charge
Free Breakfast: No Charge

Lunch: No Charge
Reduced Lunch: No Charge
Free Lunch: No Charge

"This institution is an equal opportunity provider."

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

DAY	BREAKFAST	LUNCH
MON		
TUE		
WED 1		
THU 2		
FRI 3		
TOTAL \$:		

Please check if your student receives

- Free Lunch
 Reduced Price Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:
If you plan to participate in the lunch program, you **must** fill out and return this form.

Please return form by Tuesday, March 23, 2021

DAY	BREAKFAST	LUNCH
MON 6		
TUE 7		
WED 8		
THU 9		
FRI 10		
TOTAL \$:		

Please check if your student receives

- Free Lunch
 Reduced Price Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:
If you plan to participate in the lunch program, you **must** fill out and return this form.

Please return form by Tuesday, March 30, 2021

DAY	BREAKFAST	LUNCH
MON 13		
TUE 14		
WED 15		
THU 16		
FRI 17		
TOTAL \$:		

Please check if your student receives

- Free Lunch
 Reduced Price Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:
If you plan to participate in the lunch program, you **must** fill out and return this form.

Please return form by Tuesday, March 30, 2021

DAY	BREAKFAST	LUNCH
MON 20		
TUE 21		
WED 22		
THU 23		
FRI 24		
TOTAL \$:		

Please check if your student receives

- Free Lunch
 Reduced Price Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:
If you plan to participate in the lunch program, you **must** fill out and return this form.

Please return form by Tuesday, April 6, 2021

DAY	BREAKFAST	LUNCH
MON 27		
TUE 28		
WED 29		
THU 30		
FRI		
TOTAL \$:		

Please check if your student receives

- Free Lunch
 Reduced Price Lunch

STUDENT'S NAME _____

TEACHER _____ ROOM # _____

CONTACT PHONE # _____ TOTAL \$ _____

NOTE TO FREE BREAKFAST/LUNCH RECIPIENTS:
If you plan to participate in the lunch program, you **must** fill out and return this form.

Please return form by Tuesday, April 13, 2021