**LAMMERSVILLE U.S.D. - FOOD SERVICE**

bhill@lammersvilleusd.net

**(209) 836-7400 x2396**

**Bernie Hill, Director of Food Service**

**BAG LUNCH Request**

DATE NEEDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAY OF WEEK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL SITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEACHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Regular bag lunches requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Vegetarian bag lunches requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please email this form to Bernie Hill** [**bhill@lammersvilleusd.net**](mailto:bhill@lammersvilleusd.net) **at least *TWO WEEKS* before date needed.**

ANY CHANGES? CALL Bernie at x2396 or e-mail [bhill@lammersvilleusd.net](mailto:bhill@lammersvilleusd.net) , AS SOON AS POSSIBLE

Please list students to receive bag lunch (on the following page:

If Student has a severe allergy, please check box

(please check off sandwich type and drink type)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| STUDENT NAME | STUDENT # | Allergy | Regular (contains turkey) | Vegetarian | Water | Milk |
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