

Manalapan-Englishtown School District

GLUTEN-SAFE MENU Only with documented allergy



Mondays (M) All-Natural Chicken Tenders w/ Tortilla Rounds

Tuesdays (T) Sabrett All-Beef Hot Dog on a Bun

All-Natural Chicken Tenders w/ Tortilla Rounds Wednesdays (W)

Thursdays (TH) Hamburger on a Bun

Fridays (F) Cheese Pizza

Available Daily 1 (AD1) Turkey & Cheese Sandwich Available Daily 2 (AD2) Ham & Cheese Sandwich

A Complete Lunch Includes: Entrée (with Protein/Grain)

> Fruit/Vegetable Milk

Important consideration when deciding to participate in Gluten-Safe school lunch offerings:

Pomptonian's staff prepares and cooks a wide variety of meals and does not have separate equipment and space for gluten-safe (GS) meal preparation. To minimize the chance for cross-contamination, the GS items that are available for pre-order, are prepared by trained staff with, as per the manufacturer's label, gluten-safe ingredients. Pomptonian works with manufacturers with Good Manufacturing Practices; however, foods may be produced in a facility containing known allergens.

Cut at this line and keep t	he above men	u portion for yo	ur refere	ence.	
Please submit lunch forms	promptly. Late	submissions may	y not be	properly	y recorded

'This institution is an equal opportunity provider."

Please use the codes listed above to indicate your selections for the month on the order form below and return it by 1 week prior in an envelope to your school cafeteria. Please be sure to put money on your child's account prior to placing orders. It is important to go over the menu with your child. If your student is going to be absent on a day that lunch was ordered, please call the Food Service Director at 732-786-2672 between 8:00 & 8:30 a.m. the morning the student is to be absent.

MONTH:	MON	TUE	WED	THU	FRI		
Week of:						STUDENT'S NAME	
Week OI.							
Week of:						GRADE/TEACHER	
vveek or.							
Week of:						SCHOOL	
vveek or.							
Week of:						PARENT/GUARDIAN PHONE #	
Week of.							
Maskafi						PARENT/GUARDIAN E-MAIL	
Week of:							
						NUMBER OF MEALS SELECTED	

STUDENT'S NAME
GRADE/TEACHER
SCHOOL
PARENT/GUARDIAN PHONE #
PARENT/GUARDIAN E-MAIL
NUMBER OF MEALO OF FOTER

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