



## Becton HS School District

### DAIRY-SAFE MENU Only with documented allergy

**DAIRY-FREE  
STUDENTS MUST  
ORDER FROM THIS  
MENU ONLY**

<b>Mondays (M)</b>	All-Natural Chicken Tenders w/ Tortilla Rounds
<b>Tuesdays (T)</b>	Sabrett All-Beef Hot Dog on a Bun
<b>Wednesdays (W)</b>	Grilled Chicken Sandwich
<b>Thursdays (TH)</b>	Hamburger on a Bun
<b>Fridays (F)</b>	Breaded Chicken Sandwich

#### A Complete Lunch Includes:

Entrée (with Protein/Grain)

**Fruit/Vegetable**

Soy Milk

<b>Available Daily 1 (AD1)</b>	Falafel & Hummus Bento Box w/ Tortilla Rounds
<b>Available Daily 2 (AD2)</b>	Bagel w/ SunButter
<b>Available Daily 3 (AD3)</b>	Ham Sandwich
<b>Available Daily 4 (AD4)</b>	Turkey Sandwich

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

Pomptonian's staff prepares and cooks a wide variety of meals and does not have separate equipment and space for dairy-safe (DS) meal preparation. To minimize the chance for cross-contamination, the DS items that are available for pre-order are prepared by trained staff with, as per the manufacturer's label, dairy-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 the above menu portion for your reference.**

*Please submit lunch forms promptly. Late submissions may not be properly 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 201-777-6193 Ext. 4032 between 8:00 & 8:30 a.m. the morning the student is to be absent.

MONTH:	MON	TUE	WED	THU	FRI
Week of:					
Week of:					
Week of:					
Week of:					
Week of:					

STUDENT'S NAME \_\_\_\_\_

GRADE/TEACHER \_\_\_\_\_

SCHOOL \_\_\_\_\_

PARENT/GUARDIAN PHONE # \_\_\_\_\_

PARENT/GUARDIAN E-MAIL \_\_\_\_\_

NUMBER OF MEALS SELECTED \_\_\_\_\_

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

**DS**