

MACON COUNTY PUBLIC SCHOOLS

School Nutrition Program

501 South School Street
 Post Office Box 830090
 Tuskegee, AL 36083
 Telephone: (334) 727-1600
 Fax: (334) 724-9990

Request for Bag Lunch Services

Please submit this request form to:

Please notify the School Nutrition Department, if you make any changes in your request such as the date, time, number, etc.
 Thank you for your cooperation.

 School Cafeteria Manager or Designee

Mrs. Emma Wilson-James, Director ext. 11018
 Ms. Karen T. Kennedy, Accountant ext. 11016

Bag Lunch is provided for activities of district or/school nature only. Service requests must be SUBMITTED 2 WEEKS in advance.

Date of Request: / / Date of Activity: / / Destination: Time of Departure:

School Name: _____

Name & Title of Requester: _____ Grade: _____

Telephone: _____ Fax: _____ Email: _____

Additional contact information: _____

How many students are attending the field trip?

Are Bag Lunches Needed?: Yes No

How many Bag Lunches are needed?

Menu Requested: Submit for Approval and/or Changes.

1st Choice

2nd Choice

Meat or Meat Alternate:	Meat or Meat Alternate:
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Vegetable and / or Fruit:	Vegetable and / or Fruit:
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Bread or Bread Alternate:	Bread or Bread Alternate:
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Milk :	Milk :
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Special Request:	Special Request:
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Other:	Other:
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Meal	Count
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Number of Free Meals:	
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Number of Reduced Meals:	
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Number of Full Meals:	
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Number of Adult Meals:	
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Other:	
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