



On my behalf, please provide lunch to my child that will be ordered from a Halal Muslim restaurant for the month of September.

Student's full name: _____

Student's class color: _____

Parent's full name: _____

Parent's Signature: _____

Pick option(s) you are interested in:

_____ : Option 1: \$12 Mondays only. I want my child to get _____

_____ : Option 2: \$12 Wednesdays only. I want my child to get _____

_____ : Option 3: \$6 Thursdays only. I want my child to get _____

_____ : Option 4: \$30 Lunch all 3 days. I have listed my choices above.

OFFICE USE ONLY

CASH AMOUNT PAID \$ _____

DATE: _____

STAFF INITIAL: _____

RECEIPT FOR PARENT

CHILD'S NAME: _____

AMOUNT PAID IN CASH _____ DATE _____

SIGNATURE OF STAFF MEMBER _____

We will be starting our Lunch program on Monday, September 18, 2017. All students who participate will receive lunch on the specified day(s). Lunch will cost \$6 per day and will include everything from one of the pictures below. We will start collecting cash on Tuesday September 5, 2017 and the deadline for payment will be Wednesday, September 13, 2017. We will be collecting the full amount in CASH ONLY.

FOR MONDAYS, YOU CAN CHOOSE ONE ITEM FROM THE TWO CHOICES BELOW:



Chicken wrap with lettuce, tomato & white sauce



Chicken kabob with rice, salad and sauces

FOR WEDNESDAYS & THURSDAYS, YOU CAN CHOOSE ONE ITEM FROM THE FOUR CHOICES BELOW:

(you can pick a different item for each day)



Cheeseburger with french fries & salad



Grilled cheese sandwich with french fries & salad



Spaghetti & Meatballs with garlic bread & salad



Chicken tenders with french fries & salad