

## Scotch Plains-Fanwood School District

**GLUTEN-SAFE MENU** Only with documented allergy

GLUTEN-FREE STUDENTS MUST ORDER FROM THIS MENU ONLY

Mondays (M)	♦ All-Natural Chicken Tenders w/ Tortilla Rounds
Tuesdays (T)	Sabrett All-Beef Hot Dog on a Gluten-Free Bur
Wednesdays (W	<mark>/)</mark> ◆All-Natural Chicken Tenders w/ Tortilla Rounds
Thursdays (TH)	Hamburger on a Gluten-Free Bun
Fridays (F)	♦ All-Natural Chicken Tenders w/ Tortilla Rounds

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

Elementary Lunch-\$3.70
MS Lunch Price-\$4.20
HS Lunch Price-\$4.45
MS/HS Featured Favorite ◆-\$4.75
Elementary/MS/HS Reduced Lunch-\$.50

## 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.

out at and fine and keep the above menu portion for your reference.	Cut at this line and kee	p the above menu	portion for your refere	ence.
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Please submit lunch forms promptly. Late submissions may not be properly recorded.

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 (908)-889-7333 by 8:30 a.m. the morning the student is to be absent.

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