POMPTONIAN
FOOD SERVICE

Scotch Plains-Fanwood School District

SOY-SAFE MENU Only with documented allergy

SOY-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 Bun
Wednesdays (W)	Grilled Chicken on a Bun
Thursdays (TH)	Hamburger on a Bun
Fridays (F)	Pizza

Available Daily 1 (AD1)	Hummus Bento Box w/ Tortilla Rounds
Available Daily 2 (AD2)	Turkey & Cheese Sandwich
Available Daily 3 (AD3)	Ham & Cheese Sandwich

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 Featured Favorite ◇-$4.60
HS Featured Favorite ◇-$4.75
Elementary/MS/HS Reduced Lunch-$.50

Important consideration when deciding to participate in Soy-Safe school lunch offerings:
Pomptonian's staff prepares and cooks a wide variety of meals and does not have separate equipment and space for soy-safe (SS) meal preparation. To minimize the chance for cross-contamination, the SS items that are available for pre-order, are prepared by trained staff with, as per the manufacturer's label, soy-safe ingredients. Foods may contain soy oil. 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.

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:					
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.

SS