



New Providence School District

DAIRY-SAFE MENU

Only with documented allergy

**DAIRY-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 Sandwich

Thursdays (TH)

Hamburger on a Bun

Fridays (F)

Breaded Chicken Sandwich

A Complete Lunch Includes:

Entrée (with Protein/Grain)

Fruit/Vegetable

Soy Milk

Available Daily 1 (AD1)

Falafel & Hummus Bento Box w/ Tortilla Rounds

Available Daily 2 (AD2)

Bagel w/ SunButter

Available Daily 3 (AD3)

Ham Sandwich

Available Daily 4 (AD4)

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 908-464-4700 x1628 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