

Morris Hills Regional School District

EGG-SAFE MENU Only with documented allergy



Mondays (M) All-White Meat Chicken Tenders w/ a Dinner Roll

Tuesdays (T) Sabrett All-Beef Hot Dog on a Bun

Wednesdays (W) Grilled Chicken Sandwich
Thursdays (TH) Cheeseburger on a Bun

Fridays (F) Bagel Bag w/ Yogurt & String Cheese

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

Milk

Available Daily 1 (AD1) Thumann's Turkey & Cheese Sandwich
Available Daily 2 (AD2) Thumann's Ham & Cheese Sandwich

Important consideration when deciding to participate in Egg-Safe school lunch offerings:

Pomptonian's staff prepares and cooks a wide variety of meals and does not have separate equipment and space for egg-safe (ES) meal preparation. To minimize the chance for cross-contamination, the ES items that are available for pre-order, are prepared by trained staff with, as per the manufacturer's label, egg-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 t | the above menu portion | for your reference | e. |
|-----------------------------|---------------------------|--------------------|-----------------|
| Please submit lunch forms | promptly. Late submission | ons may not be pro | perly 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 973-664-2260 between 8:00 & 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 | |

NOTE TO FREE LUNCH RECIPIENTS: If you plan to participate in the lunch program, you **must** fill out and return this form.