



## Garrison ISD-Child Nutrition Department Sack Lunch Request Form

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**Requests must be submitted to the Cafeteria a minimum of 10 days prior to the date needed. This allows ample ordering time for food supplies.**

**Request received after the two week deadline will be denied.**

Requested by: \_\_\_\_\_

Campus: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

Please complete the following and return to school cafeteria and email a copy to the Child Nutrition Director for documentation purposes:

**Date Needed:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Time Needed:** \_\_\_\_\_

**Number of Sack Lunches Needed:** \_\_\_\_\_

\*Please notify your cafeteria of any requests for students with special dietary needs.