sobstitute IDOC	h/S@ACK request for
our monthly menu. Parents must fill c to the food being brought to school. A notification or within 48 hours of serv	d brought to FPS by parents which do not appear o out and have form turned in at least one week prio any substitute lunch/snack brought without proper ying the snack will not be served to the children N ostitute items must be store bought.
Child's Name:	Date:
Class Name:	
Reason for substitute lunch/sn	ack:
Item served at: AM Snack / PM	A Snack / Lunch
Item purchased at:	
Parent bringing item:	
Please circle:	
Cupcakes: Vanilla/Chocolate	Icing: Vanilla/Chocolate/Assorted
Pizza: Cheese/Pepperoni	
Other:	