

Classroom Meal Order Form

Inspiring Excellence



LAKE STEVENS
School District

Date: _____ Room #:

Teacher: _____ Grade: _____

CLASSROOM TEACHER USE:

Record student name and add a checkmark if a student has ordered a breakfast, lunch or both each day.

CASHIER KITCHEN USE:

1. Look up each student to verify food allergy or restriction.

2. Fill out orange ticket as applicable and staple to student meal.

1. Student Meal Pre-Order				2. Student Meal Service	
Breakfast Order	Lunch Order	Student Name	Food Allergy or Restriction	Present/ Gave Meal	Didn't Receive Meal
		1.			
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			
		8.			
		9.			
		10.			
		11.			
		12.			
		13.			
		14.			
		15.			
		Breakfast & Lunch Totals	Notes:		