POMPTONIAN
FOOD SERVICE

# Cranford School District

**SESAME-SAFE MENU** Only with documented allergy

**SESAME-FREE STUDENTS MUST ORDER FROM THIS MENU ONLY**

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|---|---|
| **Mondays (M)** | All-White Meat Chicken Tenders w/ Tortilla Rounds |
| **Tuesdays (T)** | Sabrett All-Beef Hot Dog on a Bun |
| **Wednesdays (W)** | Pizza |
| **Thursdays (TH)** | Cheeseburger on a Bun |
| **Fridays (F)** | Grilled Chicken on a Bun |
| **Available Daily 1 (AD1)** | Ham & Cheese Sandwich |
| **Available Daily 2 (AD2)** | Turkey & Cheese Sandwich |

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

**Important consideration when deciding to participate in Sesame-Safe school lunch offerings:**
Pomptonian's staff prepares and cooks a wide variety of meals and does not have separate equipment and space for sesame-safe (SES) meal preparation. To minimize the chance for cross-contamination, the SES items that are available for pre-order, are prepared by trained staff with, as per the manufacturer's label, sesame-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.*

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Please use the codes listed above to indicate your selections *for the month* on the order form below and payment for the number of meals you will be purchasing 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 908-709-6288 before 8:00 a.m. the morning the student is to be absent.

| MONTH: | MON | TUE | WED | THU | FRI |
|---|---|---|---|---|---|
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STUDENT'S NAME _____

GRADE/TEACHER _____

SCHOOL _____

PARENT/GUARDIAN PHONE # _____

PARENT/GUARDIAN E-MAIL _____

NUMBER OF MEALS SELECTED _____

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

SES