



Saydel Community School District Sack Lunch Order Form



Please fill out the form below and return to:
Saydel Food Service Director *Jessy Sadler*
sadlerjessy@saydel.net
Phone 515-264-0866 Fax 515-264-0869
Two weeks prior notice preferred.

Date Needed: _____

Quantity of Sack Lunches Needed: _____

Check School Location:

- Cornell Elementary
- Woodside Middle School
- Saydel High School

Grade(s): _____

Teacher(s): _____

or

Contact Person: _____

Name of School Organization: _____

Every sack lunch includes: *(Please select which type of sandwich requesting.)*

- Sandwich _____ Ham _____ Turkey _____ Peanut Butter/Jelly
- Baby carrots
- Fruit
- Milk

I understand I must provide a list of students and their ID numbers to the Food Service Director prior to picking up my sack lunch order. (If placing order during school year.)

I understand it my responsibility to **return** the coolers provided to me for my sack lunch order.

Teacher/Contact Person Signature _____ Date _____

Food Service Director Signature _____ Date _____

- Approved**
- Denied**