



Crawford Central School District

Instructional Support Center
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Thomas K. Washington, Superintendent

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*Director of Elementary Curriculum
and Title I Programs*
Mrs. Alisa A. Willey
Director of Special Services
Mr. David E. Dickson
*Director of Buildings, Grounds
and Transportation*

PACKED LUNCH REQUEST

This form is to be completed by the requesting teacher and signed by the building principal. **The last day for packed lunches to be delivered is: June 5. The form is to be submitted to the Cochran High School kitchen, two weeks prior to your departure date. Please note students cannot order milk only.** Any addition or deletion from the request can be done within two days of departure, by notifying the production kitchen. Otherwise students are to pay for any lunch ordered and sent to your building. Any allergy request can be met.
(LUNCHES CAN NOT BE RETURNED.)

Teachers Signature: _____ Principals Signature: _____

Home Room#: _____ Date Requested: _____ Date to be Delivered: _____

Departure Time: _____ Building: _____

| | <u>Student ID#</u> | <u>Last Name</u> | <u>First Name</u> | <u>Milk Choice</u> |
|-----|--------------------|------------------|-------------------|--------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ | _____ |