

Student Name: _____

Parent Number: _____

Mt. Misery Special Diet Request

- Allergy: _____
- Special Accommodation (Vegetarian, Kosher etc.) _____
- Please indicate/circle if you are bringing your own food (Yes / No)
- Snack Suggestions (Provided by team) _____

Directions: The Mt. Misery Menu is described below. Please describe in the table below how a meal must be substituted or replaced. **Ex Tuesday: Can't have spaghetti, will provide meal from home.**

Day/Meals

Day	Breakfast	Lunch	Dinner
Tuesday	NA	NA	
Wednesday			
Thursday			
Friday		NA	NA

	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Breakfast		Orange Juice/Milk Cold Cereal French Toast Syrup/Butter Turkey Sausage	Cold Cereal Scrambled Eggs Hash Browns Toast/Butter/Jelly Milk/Apple Juice	Juice Cold Cereal Bagel Milk
Lunch		Veg Soup Sandwiches Turkey & Cheese Tuna Milk/Water	Tomato Soup Grilled Cheese Fresh Veg Tray Fruit Milk/water	
Dinner	Spaghetti w/ Meatballs Salad Bar/Dressing Bread/Butter Pudding Milk/Water	Chicken Tenders Rice Pilaf/Green Beans Salad Bar/Dressing Bread/Butter Jello Milk/Water	Tacos Hard/Soft Shells Taco Sauce Lettuce/Tomatoes/Cheese Salad Bar/Dressing Milk/Water	