BROWNSVILLE INDEPENDENT SCHOOL DISTRICT Food & Nutrition Service Department

School	Name:
Princip	oal:
Date:	
	Allow 2 weeks advance notice for

*SATURDAY MEAL REQUEST 2019 – 2020

*NOTE: 1) Principal and/or Designee are required to attend training prior to implementation of request.

2) All lines must be completed w/the required information. An incomplete request will delay processing.

Date of Teachers/Coordinators Training:			
Program Name:			ogram:
Starting Date:			
Days of Service:		Time of Service: am. (indicate bkft an	pm. d/or lunch, or both)
Description of Saturday Enrichment Program	n:		

^{*}Allowable for Academic Programs