School:	Name(s)/Grade(s):	Date:
	Request for a Plant-Base	d Lunch
parent/guardian fill out this form them multiple students o different needs (i.e.	ardian/Student: Please fill out this form to request a please out the form for elementary and middle school studer selves if desired. If you have more than one student in the same form. If you have more than one student in e.), food allergies or day of week requests), please fill out a form for each separate school.	nts; high school students may fill the same school, you may put n the same school, but with
Due to the time it t does not need to fo	tre required to provide a plant-based lunch upon prior takes to order food and plan lunches, we ask for 4 weed bllow a plant-based diet to request a plant-based lunchery day to request plant-based meals.	eks' advanced notice. The student
and/or beverages t meat/poultry/fish/s	Based as intended by the law and will be followed by that come 100% from plant sources (vegan). Plant-Base seafood/milk/cheese/yogurt/sour cream/butter/margasein, whey, lactose)/eggs/egg derivatives/honey/lard/	d food means no arine that contains dairy/ice cream/
Please note that if yo	ou have any questions, you can reach out to Quest Foodser	rvice at foodservice@usd116.org
Student's Name(s)/	/Grade(s)/Dates of Birth:	
Student's School:_		
Name of Person Fil	ling Out Form:	
Email Address:	Cell Phone:	
Relationship of Per	son Filling Out Form: ☐ Parent/Guardian ☐ Self	☐ Other:
My student will get lunch (to avoid labor and food waste, we need specific days regarding participation):		
\square Daily $\underline{\mathbf{OR}}$ \square Specific Days of each week: \square Monday \square Tuesday \square Wednesday \square Thursday \square Friday		
flavor requests cannot	uest non-dairy milk (Federal law has specific requirements for be honored. Only certain brands of enriched soy milks or milks ma Insweetened non-dairy milk if it is available, but if not, the non-dairy	de from pea protein qualify. We will
requests, including reasons. Please do	cal authority modified meal request form must also be good allergies. Do not use this form to request meal a check off appropriate boxes to help us with planning pergies Gluten/Wheat Soy Corn Sesam	accommodations for medical lant-based requests.
□Peanuts	☐ Other (specify):	
Is there anything el	lse you would like to make us aware of?	
Signature:	Date Re	equested: