



# 2022-2023 Community Charter School of Paterson

**SESAME-SAFE MENU** Only with documented allergy

**SESAME-FREE  
STUDENTS MUST  
ORDER FROM THIS  
MENU ONLY**

- Mondays (M)** All-White Meat Chicken Tenders w/ a Dinner Roll
- Tuesdays (T)** Sabrett All-Beef Hot Dog on a Bun
- Wednesdays (W)** Grilled Chicken Sandwich
- Thursdays (TH)** Cheeseburger on a Bun
- Fridays (F)** Personal Cheese Pizza

**A Complete Lunch Includes:**  
Entrée (with Protein/Grain)  
**Fruit/Vegetable**  
Milk

- Available Daily 1 (AD1)** Bagel w/ Yogurt & a String Cheese
- Available Daily 2 (AD2)** American Cheese Sandwich
- Available Daily 3 (AD3)** Turkey & Cheese Sandwich

**Important consideration when deciding to participate in Sesame-Safe school lunch offerings:**

Pomptonian's staff prepares and cooks a wide variety of meals and does not have separate equipment and space for sesame-safe (SES) meal preparation. To minimize the chance for cross-contamination, the SES items that are available for pre-order, are prepared by trained staff with, as per the manufacturer's label, sesame-safe ingredients.

**Cut at this line and keep the above menu portion for your reference.**  
Please submit lunch forms promptly. Late submissions may not be properly recorded.

"This institution is an equal opportunity provider."

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Please use the codes listed above to indicate your selections *for the month* on the order form below and return it by 1 week prior in an envelope to your school cafeteria. It is important to go over the menu with your child. If your student is going to be absent on a day that lunch was ordered, please call the Food Service Director at 973-413-2057 ex.8116 between 8:00 & 8:30 a.m. the morning the student is to be absent.

| MONTH:   | MON | TUE | WED | THU | FRI |
|----------|-----|-----|-----|-----|-----|
| Week of: |     |     |     |     |     |
| Week of: |     |     |     |     |     |
| Week of: |     |     |     |     |     |
| Week of: |     |     |     |     |     |
| Week of: |     |     |     |     |     |

STUDENT'S NAME \_\_\_\_\_

GRADE/TEACHER \_\_\_\_\_

SCHOOL \_\_\_\_\_

PARENT/GUARDIAN PHONE # \_\_\_\_\_

PARENT/GUARDIAN E-MAIL \_\_\_\_\_

NUMBER OF MEALS SELECTED \_\_\_\_\_

**NOTE TO FREE LUNCH RECIPIENTS:** If you plan to participate in the lunch program, you **must** fill out and return this form.

**SES**