



# Community Charter School of Paterson

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

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

- Mondays (M)** All-Natural Chicken Tenders w/ Tortilla Rounds
- Tuesdays (T)** Breaded Mozzarella Sticks w/ Marinara Sauce
- Wednesdays (W)** Boneless Chicken Wings w/ Tortilla Rounds
- Thursdays (TH)** Breaded Chicken Fillet w/ Tortilla Rounds
- Fridays (F)** Pizza Crunchers

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

- Available Daily 1 (AD1)** Hummus Bento Box w/ Tortilla Rounds
- Available Daily 2 (AD2)** Turkey & Cheese Wrap
- Available Daily 3 (AD3)** Ham & Cheese Wrap

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

Pomptonian's staff prepares and cooks a wide variety of meals and does not have separate equipment and space for soy-safe (SS) meal preparation. To minimize the chance for cross-contamination, the SS items that are available for pre-order, are prepared by trained staff with, as per the manufacturer's label, soy-safe ingredients. Pomptonian works with manufacturers with Good Manufacturing Practices; however, foods may be produced in a facility containing known allergens.

**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.

**SS**