

PIONEER Alternative Meal Request Form

Parent and/or Guardian: In an effort to help our teams better accommodate and address our students that need alternative meals for breakfast, lunch, and/or our after school programs. So that our Food Services staff have the necessary time to plan and prepare meals for your student, we are asking the parents/guardians of these students to indicate their meal needs for the week ahead. Our system will begin sending an email to you with a link to the Alternative Meal Request Form close to the end of the week, for the following week.

1 Access the form

Access the form via the email that was sent, or you may use the QR code or URL listed below.

<https://forms.gle/KeDLf3rGaPsXzLSL9>



2 Enter Your Email Address

Please enter your email address (the same email address you have 'on file' with your child's school).

3 Enter Your Legal First Name

Please enter your legal first name in this field

4 Enter Your Legal Last Name

Please enter your legal last name in this field

5 Enter Your Child's Birth Date

Please enter your child's birth date in this field.

6 Enter Your Child's Legal First Name

Please enter your child's legal first name

7 Select Meals Needed

Please mark the days and meal period for the week ahead that your child will need an alternative meal from the cafeteria menu. Press submit when complete.

If you need to make any changes, or any questions as it relates to Food Services, please contact Maria Dixon at dixonm@puesd.net or by calling 559-584-8831 x 1802. If you have any questions or changes as it relates to your child's health plan, please contact Somjai Cochran at cochrans@puesd.net or by calling 559-584-8831 x 1803.

Alternative Meal for Students with Health Plans

Parents and/or Guardians: Please use this form to indicate if your child will be needing an alternative meal for breakfast or lunch for the week.

PLEASE COMPLETE THIS FORM PRIOR TO THE START OF THE WEEK, SO THAT PREPARATIONS MAY BE MADE FOR THE ACCOMMODATION.

For health related questions, please contact [Somjai Cochran](#). For food services related questions, please contact [Magdalena Dixon](#).

* Indicates required question

Email *

Your email

First Name *

Please enter your (the parent/guardian) first name

Your answer

Last Name *

Please enter your (the parent/guardian) last name

Your answer

Student Date of Birth *

Please enter your child's date of birth

Date

mm / dd / yyyy

Student First Name *

Please enter the student's first name

Your answer

Meals Needed

Please mark the days for this week on which meals your child will need accommodations for

	Friday	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PASE or After School Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submit

Please visit our web page: <https://www.pioneerunion.org/departments/foodservices/alt-meal-request-form/>