

Created: March 23, 2024



PERRY COUNTY
SCHOOL DISTRICT

Special Function Request

School: _____

Date of Service: _____

Group or Grade: _____

Name of Person Requesting Service: _____

Type of Service Requested: _____

Time of Day Service is Requested: _____

Number of Servings - Students: _____ Adults: _____ Total: _____

What Foods Are You Requesting? _____

How Will This Be Paid? _____

Complete and send to:

Krystal Lott
Director of Child Nutrition
klott2@pcsdms.us
(601) 964-3699

Request should be made as far in advance as possible, a minimum of three weeks is needed to order and obtain food and supplies.

Signature of Person Requesting the Special Function

Date

Signature of Director of Child Nutrition

Date Received

Signature of Cafeteria Manager

Date Received

*This form is not complete or approved until all three signatures are present.