



**PISCATAWAY
TOWNSHIP SCHOOLS**

100 Behmer Road
Piscataway, NJ 08854
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www.piscatawayschools.org

Dr. Frank Ranelli, Superintendent of Schools

PISCATAWAY HIGH SCHOOL

Jason Lester, Principal

Jonathan Bizzell, Assistant Principal

Dr. Maria Cetta, Assistant Principal

Joi R. Fisher, Assistant Principal

Dr. Matthew Ritchie, Assistant Principal



Referred Family - Order Form**

Self-Care----- Food Items-----

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> Laundry Detergent | <input type="checkbox"/> Body Wash/ Soap | <input type="checkbox"/> Pasta/ Tomato Sauce | <input type="checkbox"/> Granola/ Fruit Bars | <input type="checkbox"/> Canned:
o Soup
o Vegetables
o Tuna
o Chicken
o Fruit
o Pasta Meals |
| <input type="checkbox"/> Shampoo/ Conditioner | <input type="checkbox"/> Dish Soap | <input type="checkbox"/> Rice | <input type="checkbox"/> Crackers | |
| <input type="checkbox"/> Feminine Hygiene Products | <input type="checkbox"/> Cleaning Supplies | <input type="checkbox"/> Beans | <input type="checkbox"/> Cereal | |
| <input type="checkbox"/> Oral Hygiene (toothpaste, etc.) | <input type="checkbox"/> Deodorant | <input type="checkbox"/> Peanut Butter | <input type="checkbox"/> Shelf Stable Milk/ Juice | |
| | <input type="checkbox"/> Lotion | <input type="checkbox"/> Jelly | | |
| | <input type="checkbox"/> Paper Products | <input type="checkbox"/> Applesauce | | |

Other items in need not listed (fill in):

***Please note that at times we may be out of stock for certain items but we will do our best to fill your order.*

Student/Family Name: _____ Gr. _____

Pick up method: _____ With Student _____ At Building _____ Scheduled Delivery

Date/Time: _____ Pantry Helper Signature: _____