

FOOD ALLERGIES

Special diet requests will not be accommodated without a 2026 – 2027 school year diet prescription form on file.

[More Info: Special Dietary Needs](#)



August 2026

International School of Louisiana

FREE MEALS for ALL STUDENTS

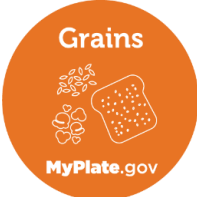
Community Eligibility Provision (CEP)

All **enrolled students** are eligible to receive **ONE** breakfast meal and **ONE** lunch meal at no cost for the 2026- 27 school year.

No need to apply for free/reduced-price meals.



Pay for extra meal items at www.myschoolbucks.com

Monday	Tuesday	Wednesday	Thursday	Friday	FYI
10  MyPlate.gov	11  MyPlate.gov	12 <u>BREAKFAST</u> Assorted WG Cereal, Graham Crackers, Banana, Fruit Juice <u>LUNCH</u> Rotisserie Chicken Seasoned Yellow Vegetable Rice Green Beans Chilled Diced Pears Soft WG Roll	13 <u>BREAKFAST</u> Chicken Biscuit, Seasoned Potatoes, Fruit Juice <u>LUNCH</u> Beef Macaroni & Cheese Steamed Sliced Carrots Caesar Salad Garlic Bread	14 <u>BREAKFAST</u> Pancakes & Sausage, Orange Wedges, Fruit Juice <u>LUNCH</u> Chicken Sandwich Sandwich Salad Cup Whole Corn Frozen Strawberry Cup	 MyPlate.gov
17 <u>BREAKFAST</u> Assorted WG Cereal, Graham Crackers, Apple Slices, Juice <u>LUNCH</u> Spaghetti Casserole Steamed Green Beans Caesar Salad Chilled Diced Peaches Garlic Bread	18 <u>BREAKFAST</u> French Toast, Turkey Sausage links, Diced Peaches, Juice <u>LUNCH – TACO TUESDAY</u> Taco Salad Refried Beans Salad cup w/cheese Orange Wedges	19 <u>BREAKFAST</u> WG Cereal, Graham Crackers, Banana, Juice <u>LUNCH</u> Barbecue Pork Riblet Mashed Potatoes Steamed Carrots Chilled Applesauce Soft WG Roll	20 <u>BREAKFAST</u> Sausage Biscuit, Seasoned Potatoes, Fruit Juice <u>LUNCH</u> Macaroni & Cheese Chicken Nuggets Steamed Broccoli Florets Garden Salad Chilled Mixed Fruit	21 <u>BREAKFAST</u> Assorted Cereal, Graham Crackers, Banana, Fruit Juice <u>LUNCH</u> Hamburger on WG Bun Sandwich Salad Cups Crispy Potato Tots Chilled Grapes	 MyPlate.gov
24 <u>BREAKFAST</u> WG Cereal, Graham Crackers, Mandarin Oranges, Fruit Juice <u>LUNCH</u> Red Beans & Rice Garden Salad Baked Cinnamon Apples Warm Cornbread	25 <u>BREAKFAST</u> Pancakes & Sausage, Apple Slices, Fruit Juice <u>LUNCH NACHO TUESDAY</u> Supreme Beef Nachos Refried Beans Salad Cup Chilled Diced Peaches	26 <u>BREAKFAST</u> Ham & Cheese Croissant, Seasoned Potatoes, Fruit Juice <u>LUNCH</u> Spaghetti & Meatsauce Steamed Spinach Caesar Salad Chilled Diced Pears Soft Wheat Roll	27 <u>BREAKFAST</u> Waffle, Sausage Links, Applesauce, Fruit Juice <u>LUNCH</u> Pepperoni Pizza Steamed Whole Corn Caesar Salad Chilled Tropical Fruit	28 <u>BREAKFAST</u> Blueberry Muffin, Banana, Juice <u>LUNCH</u> Deli Sub (Turkey & Cheese) Sandwich Salad Cup Fresh Grapes	 MyPlate.gov
31 <u>BREAKFAST</u> Sausage Biscuit, Seasoned Potatoes, Fruit Juice <u>LUNCH</u> Teriyaki Chicken & Rice Bowl Steamed Broccoli Chilled Mandarin Oranges Soft WG Roll	WHAT'S ON YOUR PLATE? 	 			

Skim milk, flavored and non-flavored milk available with all meals

Don't get
~~hungry~~ ^A



Get
School
Meals.



Free Breakfast and
Lunch Meals available
for all ISL Students.



ISL is a CEP school.



SPECIAL DIET REQUESTS

Special diet requests will not be accommodated without a 2026 – 2027 school year diet prescription form on file. Forms can be found [at www.isl-edu.org/foodservicesandmenu](http://www.isl-edu.org/foodservicesandmenu) or in the front office resource center of each campus.

DISABILITY SPECIAL DIET REQUESTS Federal and state regulations require a completed and current diet prescription form for any student with a special diet request. Special diet request forms are available on the school's website, directly from the Food Services Department or school nurse. Special diet requests will not be processed without a current school year form on file. Special diet request form(s) must be supported by a signed statement by a licensed medical authority by the state. Menu substitutions will only be served to students with a documented medical dietary need.

Students who cannot have cow's milk due to a medical condition must have a current school year diet prescription form on file, which must include the milk substitute prescribed by the physician.

NON-DISABILITY SPECIAL DIET REQUESTS Special diet requests for personal reasons (i.e., ethnic, or religious) without a recognized medical disability may be accommodated at the discretion of the Food Services Director. The ISL Food Services Department is not required to make substitutions for non-medical reasons. However, students are allowed to refuse food items within the guidelines of offer vs. serve. Parents/guardians must submit a special diet form to the food service department for non-disability special diet requests.

Federal and State regulations require a completed and current diet prescription form for any type of change or substitution to a student's diet. The special diet prescription form will need to be completed by your child's physician or medical authority. We **will not** process a special diet request for your child until we receive the 2026 – 2027 School Year form.

The form is in the front office of each school campus and online at www.isl-edu.org/foodservicesandmenu.

Offer Versus Serve (OVS – BREAKFAST)

USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

BUILD A **POWER FUELED** BREAKFAST

CHOOSE AT LEAST 3 ITEMS

TAKE ½ CUP FRUIT OR VEGETABLE



4 items



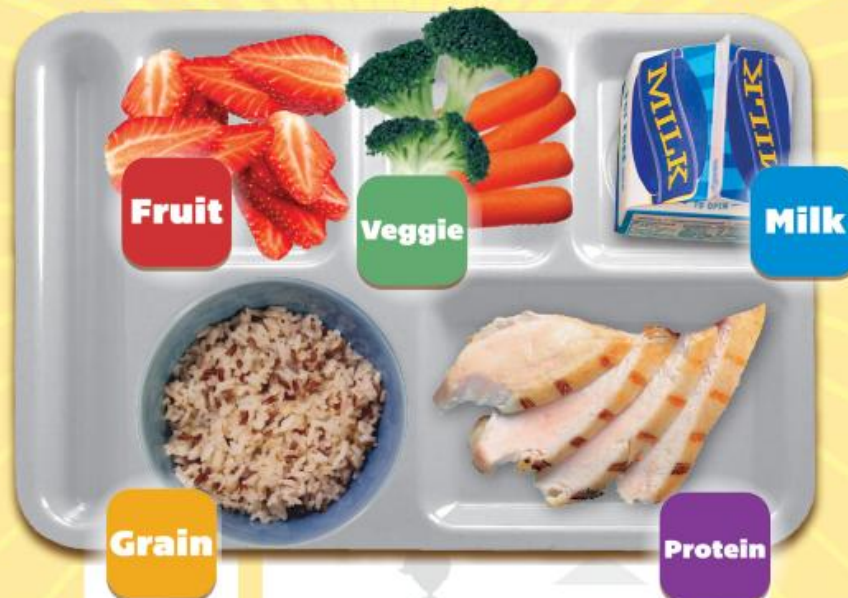
USDA is an equal opportunity provider, employer, and lender.
FNS-015 - March 2023

Over Versus Serve (OVS – LUNCH)

Color Your Lunch Tray!

Choose 3 or more food groups

Pick at least $\frac{1}{2}$ cup fruit and/or vegetable



ISL Café

"Big Taste, Small Price"

MEAL PRICES	
Menu Item	Price
BREAKFAST	
Student Breakfast (One FREE breakfast meal per day)	\$0.00
Student Extra Breakfast Meal	\$3.75
ISL Staff	\$3.00
Visitor	\$3.50
Milk	\$0.50
Bottled Water (8 oz)	\$0.50
LUNCH	
Student Lunch (one FREE lunch meal per day)	\$0.00
Student Extra Lunch Meal	\$5.00
ISL Staff	\$5.00
Visitor	\$5.50
Milk	\$0.50
Bottled Water (8 oz)	\$0.50

MEAL PRICES - EXTRA SALE ITEMS

Menu Item	Price
Bottled Water (8 oz)	\$0.50
Sparkling Water (16 oz.)	\$2.00
Chips/Popcorn	\$1.00
Cookie	\$1.00
Frozen Treat	\$1.00
Fruit Juice (4 oz)	\$0.50
Fruit Juice (6.75 oz)	\$0.75
Fruit/Vegetable	\$1.00
Milk – Nonflavored (1% / skim), 1% choc., 1% straw.	\$0.50
Pizza / Soft Pretzel	\$1.00
Roll/Bread	\$0.50
Soy/Almond Milk	\$1.50

PAY FOR EXTRA SALE ITEMS ~ A LA CARTE

A promotional banner for MySchoolBucks. The left side has a blue background with the MySchoolBucks logo and text. The right side shows a family (father, mother, and a young girl with a backpack) walking outdoors.

**MY
SCHOOL
BUCKS**

Pay online for school
meals with MySchoolBucks

Visit website

Create your free [MySchoolBucks](https://myschoolbucks.com) account to conveniently view your student's cafeteria purchases, check their balance, and securely pay for a la carte items from anywhere.



Get Started Today!

1. Go to myschoolbucks.com or download the mobile app
2. Create your free account and add your students using their *school's name* and *student ID*
3. View cafeteria purchases and add funds using your credit/debit card or electronic check

It's a fact that kids with
health insurance live healthier lives.

Give Your Children
HEALTH COVERAGE
at **NO COST** or **LOW COST** to You.



NO enrollment fees!
NO co-payments! **NO** deductibles!

DO YOU QUALIFY? LaCHIP uses the income amounts below to see if a child qualifies for low-cost or no-cost LaCHIP coverage.

INCOME LIMITS		
Number of Family Members	Monthly Income (No Cost)	Monthly Income (Low Cost)
1	\$2,831	\$3,326
2	\$3,825	\$4,495
3	\$4,820	\$5,664
4	\$5,814	\$6,832
5	\$6,809	\$8,001
6	\$7,803	\$9,170
7	\$8,798	\$10,339
8	\$9,793	\$11,507

*Low Cost option allows a greater income limit at a \$50 premium.
All of your family income may not be counted.*

The **LaCHIP** program covers:

- Medical services for children, including health, dental, and vision coverage
- Doctor's appointments, including well child visits and hospital stay
- Prescriptions and immunizations
- Mental health services
- And many other services

Visit our website to apply online:

ldh.la.gov/medicaid/lachip

or call our toll-free hotline for more information:

1-888-342-6207

Es un hecho que los niños
que tienen seguro médico viven más sanos.

Deles a sus hijos

COBERTURA DE SALUD

GRATIS o de BAJO COSTO para Ud.



¡SIN cuota de inscripción! ¡SIN pagos compartidos! ¡SIN deducible!

¿CUMPLE LOS REQUISITOS? LaCHIP usa las cantidades de ingresos abajo señaladas para determinar si un niño cumple los requisitos para cobertura de LaCHIP, gratis o de bajo costo.

LÍMITES DE INGRESO		
Número de Familiares	Ingreso Mensual (gratis)	Ingreso Mensual (de bajo costo)
1	\$2,831	\$3,326
2	\$3,825	\$4,495
3	\$4,820	\$5,664
4	\$5,814	\$6,832
5	\$6,809	\$8,001
6	\$7,803	\$9,170
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8	\$9,793	\$11,507

La opción de bajo costo permite un límite de ingreso más alto con cuota mensual de \$50. Puede que no se cuente todo el ingreso mensual de su familia.

El programa LaCHIP cubre:

- Servicios médicos para niños, incluso cobertura de salud, dental, y de la visión
- Citas con el doctor, incluso chequeo rutinario y estadía en el hospital
- Recetas y vacunas
- Servicios de salud mental
- Y muchos servicios además

Visite nuestro sitio Web para solicitar:

ldh.la.gov/medicaid/lachip

Llame la línea gratuita para mayor información:

1-888-342-6207

Trên thực tế, trẻ em có
bảo hiểm sức khỏe sẽ khỏe mạnh hơn.

Hãy Trang Bị Cho Con

BẢO HIỂM SỨC KHỎE
MIỄN PHÍ hoặc với CHI PHÍ THẤP.



KHÔNG tính phí ghi danh!
KHÔNG cần đồng chi trả! **KHÔNG** khấu trừ!

QUÝ VỊ CÓ ĐỦ ĐIỀU KIỆN THAM GIA KHÔNG? LaCHIP sử dụng mức thu nhập bên dưới để xem trẻ có đủ điều kiện tham gia bảo hiểm LaCHIP Chi Phí Thấp hoặc Miễn Phí không.

GIỚI HẠN THU NHẬP		
Số thành viên trong gia đình	Thu nhập hàng tháng (Miễn Phí)	Thu nhập hàng tháng (Chi Phí Thấp)
1	\$2,831	\$3,326
2	\$3,825	\$4,495
3	\$4,820	\$5,664
4	\$5,814	\$6,832
5	\$6,809	\$8,001
6	\$7,803	\$9,170
7	\$8,798	\$10,339
8	\$9,793	\$11,507

Lựa chọn Chi Phí Thấp chấp nhận giới hạn thu nhập cao hơn với mức phí bảo hiểm là \$50. Tất cả thu nhập của gia đình bạn có thể chưa được tính đến.

Chương trình **LaCHIP** chi trả:

- Dịch vụ y tế cho trẻ em, bao gồm bảo hiểm sức khỏe, nha khoa và nhãn khoa
- Các cuộc thăm khám với bác sĩ, bao gồm thăm khám sức khỏe định kỳ cho trẻ và nằm viện
- Thuốc kê đơn và tiêm chủng
- Các dịch vụ sức khỏe tâm thần
- Và nhiều dịch vụ khác

Truy cập trang web của chúng tôi để đăng ký trực tuyến:

ldh.la.gov/medicaid/lachip

hoặc gọi đến số điện thoại miễn phí của chúng tôi để tìm hiểu thêm thông tin:

1-888-342-6207