

**Cashier's Emergency List**  
**Students not listed in Electronic POS System**

SCHOOL/CAMPUS:	CASHIER NAME:	
<b>CIRCLE DAY OF WEEK:</b>	Enter a ✓ for Meal Session Below	
Day: M   T   W   Th   F		
DATE:        /        /		
	BREAKFAST <input type="checkbox"/>	LUNCH <input type="checkbox"/>

*This completed document is to be retained with other daily meal records.  
 A copy should be submitted to school staff assigned to enter students into ATS/NPSIS.*

FULL NAME OF STUDENT (PRINT)	CLASS/HOMEROOM	ID NUMBER	COMMENTS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

<b>Students are to be entered into the POS System before the Report of Meals (SF-1 Form) is submitted.</b>	ENTERED BY:
--	-------------