

“On the Go” Lunches

Field Trip Request for Sack Lunches (grades 4-12)

2 Week Advance Notice is requested

Teacher's Name: _____ Date: _____

Date of Field Trip: _____ Funding Code: _____

Time Departing: _____ Time lunches will be picked up _____

_____ Number of Student Lunches (the cost of the lunch will be deducted from students account)

_____ Number of Adult Sack Lunches Requested \$3.75

Provide a student roster to the cafeteria of who received a sack lunch (Due the morning of trip).

Deli Sandwich

All lunches include the following:

Fresh Fruit

Fresh Vegetables

Students may select the choice of milk they want. They are not required to take the milk; however it **MUST** be offered to them. Milk **MUST** be transported in a cooler and remain cold until served. **Coolers Not provided.**

_____ Number of Skim Chocolate Milk Needed

_____ Number of White Milk Needed

For Child Nutrition Department Use Only:

Cafeteria Manager Signature

Date Request Received