

Field Trip Meal Notification/Request Form

Submit within 15 school days prior to trip
(Breaks are not counted as notice)

Date Ordered: _____
Date Needed: _____
School: _____
Teacher: _____
Email Address: _____ @ mail.pamlico.k12.nc.us
Room #: _____
Number of Students in Class: _____

FOOD ORDER: (check all that applies)

- _____ Number of Hot Breakfast Meals Needed
- _____ Cancel Breakfast for all Students-No Breakfast Needed
- _____ Number of Lunch Meals Needed
- _____ Cancel Lunches for all Students-No Bag/Sack Lunches Needed

DELIVERY INSTRUCTIONS: (check one)

- _____ Hold the Bag/Sack Lunches for Pick Up at _____ time.
- _____ **Yes** – I will provide the coolers for the meals and milk.
- _____ **No** - I will not provide the coolers for the meals and milk.

PAYMENT: (check one) list of names must be provided for cafeteria manager

- _____ **Students** are paying for their own meal
- _____ **School** is paying for all student meals

Signature/Date _____