# Surry County Schools School Nutrition Request for Bag Lunches

### Dear Educator.

treat!

Thank you for your interest in bag lunches for students! Orders should be placed with the School Nutrition Manager two weeks prior to the date of the field trip or event. This allows adquate time to order food and supplies. In the event you cannot provide a two week notice, please let us know and we will make every attempt to assist you. (Options may be limited).

Please contact the Mana	iger as soon as r	oossible if the tri	p is canceled	or delayed.

Date of Field Trip / Event	Homeroom Teacher	Gı	rade	Total # of Meals Requested

Meal Payment: Please contact School Nutrition Manager. List student names on the Student List Form to indicate the students that will receive a meal from SN. Please note students with food alllergies.
 Absences: Take attendance and make the Manager aware of absences prior to leaving for the trip.
 You may choose from the following options - limit sandwich options to 2 per class. If an entire grade level will be on a trip together, please coordinate the menu for ease of service. All meals will include a mini rice krispy

## Sandwich

(Choose up to 2 options)
Cold

Ham & Cheese Sandwich Turkey & Cheese Sandwich Peanut Butter & Jelly Sandwich Yogurt, Cheese Stick & Crackers Other

Vegetable (Choose 1)

Baby Carrots Vegetable Fruit Juice Other

Milk or Bottled Water (Choose 1) (Milk Must be Offered)

Unflavored 1% Chocolate Skim

Unflavored Skim

Total # of Milk \_\_\_\_\_

OR

Bottled Water (8 oz) #\_\_\_\_

Sandwich

(Meals must be served on campus)

Hot

Chicken Fillet

Corndog

Hotdog

Other

Fruit

(Choose 1)

Golden Delicious Apple Mandarin Orange

Applesauce

100% Fruit Juice 6 oz Juice Box

(Onsite)

Sorbet - Frozen 100% Juice

Snack

(Choose 1)

Baked Chips

Baked Doritos

Chocolate Chip Cookie

Other

# SCS - School Nutrition Request for Bag Lunch

Dear Educator,

Request for bag lunches should be sent to the School Nutrition Manager at least <u>2 weeks</u> before the date of the **field trip or outing.** This allows us adequate time to order food and supplies. Please contact the SN Manager as soon as possible if the trip is canceled or delayed.

Date of Field Trip / Outing	Homeroom Tea	cher		# of Meals requested
Cold Sandwick	h		Milk or Wa	ater (8 oz)
Ham & Cheese Sandwich		Unflavored 1	1%	
Turkey & Cheese Sandwic	eh	Chocolate S	skim	
Peanut Butter & Jelly Sand	dwich	Unflavored S	Skim	
Yogurt Snack Pack		Bottled Water	er (8 oz)	
Other				

List or attach names of students who will receive school meals. You may submit a classroom roster and mark through students who will not receive a meal. Allergies must be indicated on the roster.

meal. Allergies must be indicated on the roster.								
	Student Name	Lunch #	Allergy? Y - Yes		Student Name	Lunch #	Allergy? Y - Yes	
1						-		
3				18				
4				19				
5				20				
6				21				
7				22				
8				23				
9				24				
10				25				
11				26		-		
12				27		-		
13				28		-		
14				29			-	
15				30				

The day of field trip / event please make SN Manager aware of absences.

## **Additional Names:**

## List or attach names of students who will receive school meals.

Student Name	Lunch #	Allergy? <u>Y- Yes</u>		Student Name	Lunch #	Allergy? <u>Y - Yes</u>
1			16			
2			17			
3			18			
4			19			
5			20			
6			21			
7			22			
8			23			
9			24			
10			25			
11			26			
12			27			
13			28			
14			29			
15			30			

The day of field trip/outing please make the SN Manager aware of student absences.