



List of Students Purchasing Box Lunch

Teacher's Name/Room #: _____

Field Trip Date & Time: _____

This form must be completed and returned to the Cafeteria Manager **at least 14 calendar days before the field trip** to allow proper ordering time for our food purchases. Please attach all the **Boxed Lunch Request Forms**, with proper parent signature, for each student on the list below. Thank you!

STUDENT Full Name	Food Allergies
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