



REQUEST FOR SACK LUNCH

(Request is due at the Food Service Office 10 workdays prior to the date needed)

TO SCHOOL (CAFETERIA): _____

Time delivered meals needed: _____

REQUESTING TEACHER: _____

Time meals will be picked up: _____

CAMPUS: _____

Date Needed: _____

TRIP DESTINATION: _____

Meal Time: _____

NOTE:

ALL ICE CHESTS CONTAINING SACK LUNCHES MUST BE STORED IN AN AIR CONDITIONED AREA OF THE BUS.

*Do any students have a prescribed Special Diet or Food Allergy Diet? Yes No

Student Name

Diet

If you do not know contact the Campus Cafeteria Manager or Food Service Office.

NUMBER OF LUNCHES NEEDED: **(Money for adult meals must accompany request)**

STUDENT MEALS:

Breakfast: _____

Lunch: _____

TOTAL BREAKFAST: _____

BREAKFAST MENU:

_____ Assorted Cereal with Animal Cracker or Elf Graham

_____ Pop Tarts (1 pkg. - 2 ea.)

_____ Fresh Fruit (1 ea.)

OTHER ITEMS INCLUDED: 4 oz. Orange Juice, 1/2 pt. Assorted Milk

NOTE:

SACK LUNCHES ARE PACKED IN A HEAVY DUTY BAG. A PRE-PACKAGED FROZEN 4 oz. 100% JUICE SIDEKICK (frozen treat) IS INCLUDED IN EACH BAG TO HELP MAINTAIN FOOD TEMPERATURE.

*** (MENUS ARE SUBJECT TO CHANGE DUE TO FOOD AVAILABILITY)

TEACHER MUST FURNISH ICE CHESTS FOR TRANSPORTING MILK.

TEACHER MUST LIST THE NAMES OF ALL STUDENTS RECEIVING A SACK LUNCH (SEE ATTACHED FORM).

APPROVED:

Principal

Food Service Director or Asst. Food Service Director

ADULT MEALS:

Breakfast: _____ x \$2.05 = _____

Lunch: _____ x \$3.60 = _____

Total \$ _____

TOTAL LUNCH: _____

LUNCH MENU: PLEASE CHECK CHOICE OF MENU:

_____ Sliced Cheese (2 oz.) Sandwich

_____ Jelly Sandwich w/Cheese Stick (2 oz.)

_____ Ham & Cheese Sandwich **(available Oct.-Feb. only)**

OTHER ITEMS INCLUDED:

Baby Carrots (1 pkg. - 1/2 cup ea.) and Fresh Broccoli Florets (1 pkg. - 1/2 cup) with Low Fat Dressing (1 pkg.), Fresh Fruit, Baked Potato Chips, Mustard, and 1/2 pt. Assorted Milk



SACK LUNCH STUDENT ROSTER

Date of Field Trip: _____

Campus: _____

Teacher: _____

The following students will be attending a field trip today.

STUDENT NAME	(√) Check as Student Receives Meal	STUDENT NAME	(√) Check as Student Receives Meal
1.		21.	
2.		22.	
3.		23.	
4.		24.	
5.		25.	
6.		26.	
7.		27.	
8.		28.	
9.		29.	
10.		30.	
11.		31.	
12.		32.	
13.		33.	
14.		34.	
15.		35.	
16.		36.	
17.		37.	
18.		38.	
19.		39.	
20.		40.	

TOTAL MEALS SERVED: _____

Signature of Adult Checking (√) Actual Meals
Received by Students