



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
& Nutrition Services Office.**

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

STUDENT MEALS:

ADULT MEALS:

Breakfast: _____

Breakfast: _____ x \$2.15 = _____

Lunch: _____

Lunch: _____ x \$3.75 = _____

TOTAL BREAKFAST: _____

TOTAL LUNCH: _____ **Total** \$ _____

Time and Temperature Records

MILK

____/____ at time of departure

COLD MEAT SANDWICH

____/____ at time of departure

BREAKFAST MENU:

_____ Assorted Cereal with Animal Cracker or Elf Graham

_____ Fresh Fruit (1 ea.)

LUNCH MENU: PLEASE CHECK CHOICE OF MENU:

_____ Sliced Cheese (2 oz.) Sandwich

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

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

OTHER ITEMS INCLUDED: 4 oz. Orange Juice, ½ pt. Assorted Milk

***(Pre-K) Student** (Non-flavored 1% or Skim Non-flavored milk only)

OTHER ITEMS INCLUDED:

Select 2 Items

***Serving to yield ½ cup of Vegetables**

*Baby Carrots

*Celery Sticks

*Fresh Broccoli Florets

*Hamburger Salad

*Cucumber Slices

*Garden Salad

*Veggie Sticks (Celery/Carrots)

*Tossed Salad

NOTE:

- SACK LUNCHES ARE PACKED IN A HEAVY DUTY BAG.
- A PRE-PACKAGED FROZEN 4 oz. 100% JUICE IS INCLUDED IN EACH BAG TO HELP MAINTAIN FOOD TEMPERATURE.
- HAVE STUDENTS WASH/SANITIZE HANDS BEFORE EATING.

TEACHER MUST FURNISH ICE CHESTS FOR TRANSPORTING MILK

OTHER ITEMS INCLUDED:

Fresh Fruit and ½ pt. Assorted Milk

***(Pre-K) Student** (Non-flavored 1% or Skim Non-flavored milk only)

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

APPROVED:

Principal

Date

Food & Nutrition Services Director or Asst. FNS Director

Date



*MENUS ARE SUBJECT TO CHANGE DUE TO FOOD AVAILABILITY

*FOOD & NUTRITION SERVICES CANNOT GUARANTEE MEAL SERVICE WITHOUT ADVANCE NOTICE.

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