

**CENTER JOINT UNIFIED NUTRITION SERVICES
FIELD TRIP SACK LUNCH REQUEST FORM**

*Turn this form in to the cafeteria **2 weeks prior** to sack lunch pick up.

School Site _____ Today's Date: _____

Date of Field Trip: _____

Number of student lunches needed: _____

Number of adult Lunches needed: _____ (\$4.25 each)

I will pay and pick up the lunches at _____ (time), on _____ (date).

I will also give the cafeteria a list of any absent students on that day.

Please indicate if you have any students with dietary restrictions. Signed Medical Statement must be on file with Nutrition Services and School Cafeteria.

Teacher's Name: _____

Students Name

_____	_____
_____	_____
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