



REQUEST FOR FIELD TRIP MEALS

(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: _____ GRADE: _____

Date Needed: _____

TRIP DESTINATION: _____

Actual 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 \$2.20 = _____

Lunch: _____

Lunch: _____ x \$3.85 = _____

TOTAL BREAKFAST: _____

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

Time and Temperature Records

MILK

____/____ at time of departure

COLD or HOT MEAT SANDWICH

____/____ at time of departure

BREAKFAST MENU:

- Assorted Cereal with Animal Cracker or Elf Graham or Unfrosted Pop Tarts
- 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% milk only)

OTHER ITEMS INCLUDED:

Select 2 Items *Serving to yield ½ cup of Vegetables

- *Baby Carrots
- *Fresh Broccoli Florets
- *Cucumber Slices
- *Veggie Sticks (Celery/Carrots)
- *Celery Sticks
- *Hamburger Salad
- *Garden Salad
- *Tossed Salad

NOTE:

- SACK LUNCHES ARE PACKED IN A HEAVY DUTY BAG.
- A PRE-PACKAGED FROZEN 4 OZ. SLUSHIE OR 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 or Fruit Cup and ½ pt. Assorted Milk
***(Pre-K) Student** (Non-flavored 1% milk only)

TEACHER MUST LIST THE NAMES OF ALL STUDENTS RECEIVING A FIELD TRIP MEAL (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.

FIELD TRIP MEAL 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