## <u>K-5 and K-8</u> <u>FIELD TRIP – LUNCH REQUEST</u>

## Lunch \$3.00



			Choice of entrée (pick or	ne)
		☐ Pizza	Pack	
		☐ Bagel	l – Cream Cheese – Stri	ng Cheese
		☐ Turk	wich	
		Bag Lunch Includes: Fruit, Vegetable, & Milk		
	YES, I would	l like to orde	r a sack lunch from the sc	chool cafeteria.
	Enclosed is money for my child's lunch			
	_ My child has	money on his	s/her lunch account	
Students Name:		Class Room:		
Date of Field Trip:		School Site:	Key Pad #:	
	My child is Al	LLERGIC to	)F	Please see Doctors note on file.
Signa	uture of Parent/O		 Daytime pho	one number

Parents please return this form to your child's Teacher At least 4 days prior to the field trip.

\*\*Teachers please send completed forms to the cafeteria\*\*

\*\*No later than 3 days before the field trip\*\*