

Completed forms must be turned in two weeks prior to field trip

THIS SECTION 1	TO BE COMPLETED BY TEACH	ER
Field Trip Date:	Today's Date:	
Field Trip Location:	Teacher:	
TEACHERS: FORWARD COM	IPLETED FORMS TO YOUR SC	HOOL KITCHEN
Please return this order form with your stude	nt ONLY if you want to pre-o	rder a sack lunch from the school
Dear Parent/Guardian,		
All students need to have a cold lunch for fie may send your child with a sack lunch from I please complete this order form and return Form.	home. If you would like a sacl	k lunch from the school kitchen,
Sack lunches from the school kitchen will consist Sandwiches may be sunbutter & jelly, turkey han *Menu subject to change		
1. Student Information		
Student Name:	Student Birthdate:	
2. Food Allergies and/or Restrictions		
Does your child have a life-threatening food Reasonable accommodations will be made be school nurse and the Food Service Departme	ased on medical documentat	
Yes. My child is severely allergic to:		
Yes. My child has a food restriction to: _		
No. My child does not have any food all	ergies and/or restrictions.	
3. Pricing		
Pricing is the same as when your child eats a		6 12 1110011
MEAL PRICES FOR 2023-24	K-5 LUNCH	6-12 LUNCH

MEAL PRICES FOR 2023-24	K-5 LUNCH	6-12 LUNCH
Regular priced	\$0	\$3.45
Approved free or reduced price	\$0	\$0
Milk (price for all students, including those eligible for	.50	.50
free/reduced meals)		

By filling out this form, your student will be charged for a sack lunch on the day of the field trip.