Little Lake City School District CLASS FIELD TRIP NOTIFICATION

Teachers: Please submit this form to the cafeteria manager 2 weeks prior to the field trip

School: _____

Teacher:_____

Room #:_____

Date of Field Trip: _____

Time the lunches will be picked up:_____

Number of students *NOT* eating lunch on campus this day, including those not needing a sack lunch from the cafeteria: _____

*****SACK LUNCH ORDER FOR FIELD TRIP *******

FULL NAME OF CHILD NEEDING LUNCH	STUDENT ID #	Teacher: Please check off box next to each student indicating a complete lunch, including milk and all items provided, was given to the student	TEACHER'S INITIALS (Verifying student took the complete meal)

Total Number of Sack Lunches Requested by the Teacher:

Number of Sack Lunches Provided by the Cafeteria:

<u>Please return this completed form to the Cafeteria Manager on the day of the field</u> <u>trip, upon returning.</u>

Updated 7/20/18