

SANGER UNIFIED SCHOOL DISTRICT
CHILD NUTRITION SERVICES

APPLICATION FOR STUDENT SACK LUNCHES
(To be submitted with Application for School Trip)

Today's Date _____ Principal's Signature _____

SACK LUNCHES

This form must be submitted two weeks prior to the field trip. This gives our department adequate time to order for your event.

PLEASE OFFER SACK LUNCHES TO **ALL STUDENTS** REGARDLESS OF THEIR LUNCH STATUS. (Please only order sack lunches for the students requesting a meal to avoid waste.)

**On the day before the trip, please submit a final list of the students requesting a lunch to the kitchen staff.

SCHOOL _____ DATE NEEDED _____

TEACHER _____ PICK-UP TIME _____

GRADE LEVEL _____

NUMBER OF STUDENT SACK LUNCHES _____

NUMBER OF ADULT SACK LUNCHES _____ (@ \$3.50)

TOTAL NUMBER OF SACK LUNCHES _____

TOTAL NUMBER OF STUDENTS TO BE GONE ON THIS DATE _____

IF YOU ARE GOING ON A FIELD TRIP AND DO NOT NEED LUNCHES PLEASE INDICATE HERE _____

** State Law requires that a class list be taken on the trip and student's names are checked off when they receive a meal.

** Upon return from the trip a list of students who received a sack lunch needs to be sent to the kitchen staff.
