



# STUDY TRIP ORDER FORM

PLEASE COMPLETE THIS FORM AND RETURN IT TO YOUR CAFETERIA MANAGER AS SOON AS AN EVENT IS PLANNED.

CHILD NUTRITION SERVICES WILL TRY TO ACCOMMODATE ALL REQUESTS FOR SACK LUNCHES. PLEASE NOTE THAT A TWO WEEK NOTICE IS REQUIRED FOR ORDERING PURPOSES.

- THE ATTACHED FORM SHOULD BE COMPLETED AND RETURNED TO THE CAFETERIA MANAGER AT THE TIME OF ORDER
- **THE GROUP REQUESTING MEALS MUST PROVIDE REFRIGERATION FOR MILK**

MEALS MUST BE AND SERVED TO THE STUDENT THAT THE MEAL WAS ORDERED FOR AND ACCOUNTED AS SUCH. MEALS WILL BE DISTRIBUTED IN THIS MANNER:

- TEACHER / AIDE WILL BRING A CLASS ROSTER OF STUDENTS ORDERING A LUNCH TO THE CAFETERIA.
- THE LIST MUST INCLUDE THE STUDENT ID NUMBER, A CHOICE OF MILK (1% UNFLAVORED OR NON-FAT CHOCOLATE) AND ANY ALLERGIES THE STUDENT(S) HAVE.
- MANAGER WILL REVIEW THE LIST AND PROVIDE A MEAL AND MILK ACCORDING TO THE ROSTER/ORDER.
- TEACHER / AIDE PLACE WILL PLACE A CHECK MARK NEXT TO THE STUDENT'S NAME AS EACH STUDENT IS SERVED A FULL MEAL AND MILK.
- AT THE END OF THE STUDY TRIP, THE TEACHER / AIDE WILL REPORT IF THERE WERE ANY CHANGES FROM THE ORIGINAL ROSTER/ORDER, IE: STUDENT DID NOT TAKE A MEAL.
- ANY UNUSED MEALS **MUST** BE DISCARDED

TEACHER / AIDE TO COMPLETE THIS SECTION	ORDER DATE: _____
	EVENT DATE: _____
	EVENT TITLE: _____
	NUMBERS OF MEALS REQUESTED: _____
PERSON PICKING UP MEALS: _____	
MANAGER TO COMPLETE THIS SECTION	NUMBER OF MEALS PICKED UP: _____
	NUMBER OF 1% UNFLAVORED MILK: _____
	NUMBER OF NON-FAT CHOCOLATE MILK: _____
	NUMBER OF STUDENETS MARKED ON ROSTER: _____