

# FIELD TRIP SACK LUNCH ORDER FORM

**MUST BE SUBMITTED AT LEAST TWO (2) WEEKS PRIOR TO EVENT**

\*These lunches will be charged to student's lunch account

COMPLETE THIS FORM AND ATTACH LIST OF STUDENTS  
(STUDENT NUMBER, LAST AND FIRST NAME)

**SCAN AND EMAIL TO BOTH** EMAILS BELOW:

djurado@patterson.k12.ca.us    jrodriguez@patterson.k12.ca.us

**CALL AND CONFIRM YOUR SACK LUNCH ORDER**

**WAS RECEIVED Delia x27023 or Jennifer x27241 (209-892-3702)**

Date of Field Trip:  Destination:

Grade:  School:  Teacher:

Teacher email:  Phone ext#:

Time lunches will be picked up:

Number of student lunches needed:  adult lunches needed?

**\* TURN IN ROSTER WITH LUNCHES SERVED (CIRCLED) WHEN YOU RETURN FROM FIELD TRIP\***

**\*\*\*Milk is a required component of school lunches\*\*\***

**\*\*\*Ice will be provided // we DO NOT provide ice chests \*\*\***

**\*\*\*8 oz bottled water will also be provided\*\*\***

*THANK YOU, NUTRITION SERVICES*

\*\*\*\*\*this box to be completed by nutrition services only\*\*\*\*\*

1 COPY SENT TO SITE KITCHEN	INITIAL _____	DATE _____
VERIFIED SITE KITCHEN REC'D REQUEST	INITIAL _____	DATE _____
1 COPY TO BE FILED AT NUTRITION SERVICE OFFICE	INITIAL _____	DATE _____