ROCHESTER AREA SCHOOL DISTRICT Field Trip Permission Form

Student's Name:		Homeroom:
Date(s) of Field Trip:	Depart from RASD:	Return to RASD:
Name of Organization/Class:	Cost o	f Field Trip:
Chaperone/Advisor:	Destination	:
Purpose of Field Trip/Activity:		
Prior to the Field Trip/Activity, students and receive approval from the Attendance Attendance Office:	e Office.	
Please have your parent/guardian review completed before you request their signat	this form and have all the re	
My son/daughter has permission to participal son/daughter will be responsible for all class student participants are subject to all school	work assigned or completed o	n this date and that all
Parent/Guardian's Signature:		Date:
Emergency Contact:	Phone Number:	

Order a Field Trip Lunch!

Field Trip Lunches are available to your child from The Nutrition Group. Your child's teacher has scheduled a field trip that will involve absence from the school during lunchtime. The Nutrition Group can pack your child's lunch for this trip!



Here's what you should know:

- Lunches are packed in coolers to keep them cold and safe during transit.
- All lunches include a sandwich, vegetable, fruit, special treat and milk.
- Students with allergies or other health conditions will receive appropriate substitutions when parents provide The Nutrition Group with medical documentation.
- teachers may pay cash in advance or have costs deducted from their food service meal accounts. Adult chaperones must order and pay cash in advance.

Please return the bottom of this page to the school with your field trip permission slip at least TWO WEEKS prior to the scheduled field trip. We hope you find this service helpful!

Field Trip Lunch Order Form

	least two weeks before trip d	late. <i>Thank You!</i>	
Child's Name		ID #	
Field Trip Date	Destination		
School	Teacher		
Elementary Secondary	Adult	_	
☐ My child will order a lunch			
☐ My child will bring lunch from home.			
Sandwich Choice Ham & Cheese Milk Choice Chocolate White	Turkey & CheesePB & J		
Allergies or other medical conditions	-	v	,
Parent Signature		Nutrition	0