

FIELD TRIP SACK LUNCH ORDER FORM

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

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 TO 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? _____

*** ATTACH A CLASS ROSTER OF STUDENTS REQUESTING A SACK LUNCH***

*****Milk is a required component of school lunches***
Ice will be provided // Teachers provide own ice chests **

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 _____