Bag Lunch Order Form

Please fill out this form for each bag Lunch Requested. Your student should return this form to school as soon as possible.

Students's Name: _____

Teacher's Name: _____

Date of Field Trip _____

Please list student food allergies: _____

All bag lunches include:

Sandwich Veggie Sticks Fruit Cookies Milk

Please circle one item in each column::

Sandwich:	**Milk:**
Turkey	**Skim Milk**
Ham	**Chocolate Skim Milk**
	1% Milk

Mayo or Mustard

Please have your student bring in this form as soon as possible, so that our cafeteria staff can plan for the event.

Thank You,

Mrs. Barnes

School Lunch Manager

Phone:: 518-563-8685

E-mail: barnes.roxann@bcsdk12.org