



## SACK LUNCH REQUEST 2025-26 SY



Today's date: \_\_\_\_\_

Date of field trip: \_\_\_\_\_

Time leaving for Field Trip: \_\_\_\_\_

(Please be specific)

Name of School: \_\_\_\_\_

Name of Teacher & Grade: \_\_\_\_\_

Number of students in classroom \_\_\_\_\_

### **Please Note:**

**Scan the request and send it to Lila Cady at [leilla.cady@winona.k12.mn.us](mailto:leilla.cady@winona.k12.mn.us). Please send no later than 5 school days prior to the field trip.**

Student Sack Lunches Needed:

\_\_\_\_\_ Soybutter    \_\_\_\_\_ Ham Sandwich    \_\_\_\_\_ PBJ (Only available for HS or MS)

Name of students w/ALLERGIES to be aware of

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The lunch includes fruit, veggie, cheese stick, cookie/treat, chips & milk.

**Please send the list of student names along with this request.**

This institution is an equal opportunity provider.