International Leadership of Texas Child Nutrition Department
Meal Service Modification Request Form

The International Leadership of Texas Child Nutrition Department requires at least two weeks' notice when requesting meals for field trips (FTM), testing (MFT), and/or canceling meal service (CMS).

> For example, if there is a field trip for fourth grade and Child Nutrition are providing sack lunches, the Child Nutrition Department must be notified two weeks prior to the field trip.
>
> Another example, if third graders are testing and Child Nutrition needs to provide grab n go sack lunches, Child Nutrition must be notified two weeks prior.

Please include the student roster (see below) along with the field trip request. When requesting field trip meals, please be sure to indicate the EXACT number of meals that will be consumed.

On the day of the field trip and/or testing, the teacher will escort the students to the cafeteria to receive their meal. Every student must enter their student identification number at the register so they can be charged according to their status.

The field trip/testing meal is a completely reimbursable meal. It will consist of (5) items:

1. Cold Sandwich - (Meat/cheese and roll)
2. Vegetable
3. Fresh Fruit
4. Milk
5. Condiments: Mustard or Mayonnaise

Please note that if there are any Special Dietary Meals requested (a doctor's note is required and must be provided during the enrollment process.)

Overt-Identification of Students- A student must be honored by overt-identification, which means the Child Nutrition staff cannot disclose if a student is free/reduced or paid.

If you have any questions, please do not hesitate to contact the Child Nutrition Department: childnutrition@iltexas.org

International Leadership of Texas Child Nutrition Department
Meal Service Modification Request Form

School Information

Campus Name: ILTexas Arlington-Grand Prairie High School

Principal/Teacher Name: _____

Date of Submission:

Contact Email: _____

Contact Phone Number: _____

Type of Request (Check one)

- (•) **Field Trip Meal Request**
- ( ) **Testing Day Meal Request**
- ( ) **Cancellation of Meal Service**

Details of Requested Meals

Date for the Request:

Number of Students Participating or Not Participation : _____

Grade Levels Involved: _____

Meal Type Requested:

- ☐ **Breakfast**
- ☐ **Lunch**
- ☐ **Both**

Field Trip / Testing Meal Details ***(if applicable)***

Departure Time for FTM/Meal Service Time MFT: _____

Pickup Location for Meals: All Meals are Picked up From The ILTexas Cafeteria

***A Student Roster is Required for a Field Trip Request**

Meal Service Cancellation ***(if applicable)***

Reason for Cancellation: _____

Dates of Meal Service Cancellation: to

Authorization

I certify that the information provided above is accurate and understand that meal production will be based on this request.

Principal Signature: _____
Date

International Leadership of Texas Child Nutrition Department
Student Roster Field Trip Request

Name of Campus: _____ Campus Code/s: _____

Current Date: _____ Date of Field Trip: _____

Class Grade(s): _____ Teacher Printed Name: _____

ILTexas E-mail: _____ Teacher Signature: _____

Count	Student ID	Student Name	Count	Student ID	Student Name
	002134	John Doe (Example)	17		
1			18		
2			19		
3			20		
4			21		
5			22		
6			23		
7			24		
8			25		
9			26		
10			27		
11			28		
12			29		
13			30		
14			31		
15			32		
16			33		