



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), meals for 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. 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 and select their milk. 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 bread)
2. Vegetable
3. Fresh Fruit
4. Milk
5. Condiments: Mustard or Mayonnaise

Please note that if there are any Special Dietary Meals requested (A Physician's Diet Modification Form must be on file with Child Nutrition Department)

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

☐

No Meals

☐

Lunch

☐

Both



Field Trip / Testing Meal Details (if applicable)

Departure Time for FTM/M 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: _____

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		