SACK LUNCH REQUEST 2026-27 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. 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

_____

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.