## M.S.A.D. 75

## SCHOOL LUNCH REQUEST FOR FIELD TRIP FORM

## This Box for Office Use Only

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Grade(s):		Teacher(s):
Date:	Going to:	Departure Time:
Please check the appropriate box below and return this form with the permission slip by:  (Teachers, please send a copy of returned YES forms to the cafeteria one week prior to your trip.)		
Student name	Please print	Grade:
□ NO my child	does NOT need a lunc	h from the cafeteria for this trip. I will provide a lunch for my child.
debited by the foo \$2.50 at elementa If YES, please se	od service staff on the ary or \$2.75 middle and elect at least 3 items	unch from the cafeteria. I understand that my child's account will be day of the trip based on his/her lunch status: free, reduced 40 cents, paid high school. I will ensure my child has funds in the account.  from the boxes below (1 must be a fruit or veggie) but you may choose ist for their bagged lunch:
Chasse one Sandwish antique		
Choose one Sandwich option:  Sun Butter & Jelly  Plain Cheese		
☐ Ham & C	Cheese	☐ Turkey & Cheese ☐ Plain Turkey
Ch	☐ Piece * *High School s	of Fresh Fruit <b>OR</b> **    100% Juice Box tudent may select both fresh fruit & juice if desired.  resh Veggies <b>OR</b> Large Serving of Fresh Veggies
	_	Choose one Milk Choice:  Milk Skim Chocolate Milk 1% White Milk  Please include a snack item:  YES or NO  add a water bottle for \$1.00 extra charge
followed. Please er	nsure my students meal o	and the school nurse has an Allergy Action Plan for my child that needs to be ontains NO:  Beg Dairy Other, please explain
I give the school of child's account for		prepare and charge a bagged lunch per my selection above to my