East Tallahatchie School District

Field Trip Meal Request Form

2026-2027

411 East Chestnut Street, Charleston, MS 38921
662-647-5524 | Fax 662-647-3720 |
www.etsd.k12.ms.us

CHILD NUTRITION

Submit to the Child Nutrition Director at least 10 school days before the trip. A meal may be claimed only when it is served to an eligible student, meets the applicable meal pattern, is included in an approved meal service, and is recorded through the district's required point-of-service count.

REQUEST AND TRIP INFORMATION

School	**Requesting employee**
Grade/class/program	**Teacher/contact number**
Trip destination	**Trip purpose**
Trip date	**Departure time**
Expected return time	**Meal pickup time**

MEAL COUNT AND SERVICE

Meal	Students	Adults	Total	Service/Pickup Time

Requested meal(s): ☐ Breakfast ☐ Lunch ☐ Snack Packaging: ☐ Shelf-stable ☐ Insulated carrier ☐ Other: _____

Meal pickup person	**Pickup location**
Roster/meal count method	**Cooler/transport plan**

DIETARY AND OPERATIONAL NEEDS

Student allergy/special diet accommodations (do not list diagnoses beyond what staff need to safely serve)

Other service instructions

The requester is responsible for keeping food at safe temperatures, distributing only approved meals, recording reimbursable student meals separately from adult meals, and returning unused items and completed count records as directed.

APPROVALS

Requesting employee signature / date

Principal signature / date

Child Nutrition Director approval / date