

Sack Lunch Request Form Grades 9-12

Sack Lunch Forms Must Be Submitted 15 School Days Prior To The Date Needed.

Teacher: _____

Date of Trip: _____

Time For Pick-Up: _____

Number of Sack Lunches for Students: _____

Number of Sack Lunches for Adults: _____ Price is \$4.00 each

Menu Items

Ham Sandwich or Turkey Sandwich (circle one)

Fresh Fruit 1/2 cup

Fruit Juice 4 oz

Vegetable Juice 6oz

Baby Carrots with Dip

Cookie or Chips (depending on availability)

Milk-----Please give us a count of White _____ Chocolate_____

The cafeteria will need an ice chest and roster of students the day before the field trip.

Teacher Signature: _____

Date: _____

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