

Troy City Schools Child Nutrition Program Request for Sack Lunch Form

Please fill out the information below, sign the form and return it to the Cafeteria Manager.

We must have a Two-week advance notice.

Date of Field Trip: _____

School: _____

Grade: _____

Teacher(s): _____

Quantity of sack lunches needed:

Students: _____ Adults: _____

Time of day sack lunches will be picked up: _____

****Time of day sack lunches will be served: _____**

****Any special accommodations; students with food allergies:**

Number of students in your class/classes that will be gone during lunch: _____

*****INSTRUCTIONS ON THE DAY OF MEAL PICK-UP*****

The Teacher responsible for the field trip will kindly submit a student list to the Cafeteria Manager so that accounts can be charged appropriately. Standard lunch prices apply based on eligibility. Individual accounts will be charged.

The Teacher responsible for the field trip will kindly come to the cafeteria and pick up meals.

The Manager will record the food temperature of all food being dispensed.

The Teacher will ensure that meals are eaten within four hours of leaving the cafeteria to ensure food safety.

The Teacher is responsible for discarding any uneaten food and will return a student list to the Cafeteria Manager with an accurate number of students that took a reimbursable meal.

Thank you!

Signature of Teacher picking – up Meals: _____

Signature of Cafeteria Manager: _____

Signature of Principal: _____