

SACK LUNCH REQUEST FORM

Revised
Oct. 2016

TEACHER: _____

DATE REQUESTED: _____

DATE OF TRIP: _____

TIME FOR PICK-UP: _____

SACK LUNCH FORMS MUST BE SUBMITTED 15 SCHOOL DAYS PRIOR TO THE DATE NEEDED.

The following items will be needed the day before your requested date:

(1) Ice Chest

(2) Roster of students with lunch number

Number of Students: _____

Number of Adults: _____

MENU I

ITEMS	NUMBER NEEDED
Ham or Turkey Sandwich (Circle one)	
Sun Chips Garden Salsa	
Fresh Fruit	
Fruit Juice	
Crisp Chocolate Chip Cookie	
Milk: White/Chocolate	
Water	

MENU II

ITEMS	NUMBER NEEDED
Soy Butter and Jelly Sandwich	
Sun Chips Garden Salsa	
Fresh Fruit	
Fruit Juice	
Crisp Chocolate Chip Cookie	
Milk: White/Chocolate	
Water	

Received Date: _____

Teacher Signature: _____

Principal Signature: _____