

## HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT Nutrition Services Field Trip Lunch Request Form (Grades TK - 8)

\*\*Please request Field Trip Lunches twelve (12) business days prior to the trip.\*\*

School		Today's Date		FIELD
Teach	er (Requested By)	Phone #		
Grade	Room Number	Destination		TRIP
Date o	f Trip Pickup	time from Cafeteria		
Gr. Th	<b>⟨ − 8</b> MENU CHOICE: Please	circle your menu selection for	the day. (Student Meals a	re FREE)
	Breakfast Concha (or) Benefit Bar Whole Fruit Milk, 8 oz. Water, 8 oz.	· <del></del>	PB & J Combo (2.4 Vegetable Juice, 6 Whole Fruit Milk, 8 oz. Water, 8 oz.	· ·
	•	udents with two meals. For who then a 2 <sup>nd</sup> breakfast will not be		
# of St	udent Meals # of Adult <u>I</u>	<u>PAID</u> lunches@ \$6.00 = \$_	# of <u>PAID</u> Breakfast	@ \$3.25 = \$
<mark>TOTAL</mark>	MEALS ORDERED BF	+ LU = TOTAL DU	JE \$	
FIELD <sup>-</sup>	TRIP PROCEDURE			
	**Submit this Meals Request Form to the Cafeteria Manager twelve (12) business days prior to the trip.**			
	If students are expected to return prior to school lunch period, then lunch will be provided at school.			
	<u>Call the Site Cafeteria Manager two (2) days before the field trip date</u> to confirm your order will be ready on the morning of your event.			
	On the day of the Field Trip, the teacher, or office staff must call the kitchen with the physical count of students present for the Field Trip.			
	Students are to go through the cafeteria line, to receive meals by entering their Student ID in computerized meal count system. Meals will be provided only for students that are present.			
	Payment for the adult lunches may be accepted by the Cafeteria Manager at the time the order is confirmed or when the meals are received.			
	To cancel an order, you must	call your Cafeteria Manager.		
•	eria Use Only) unch Request Received	Manager or Worker	II Signature	

This institution is an equal opportunity provider.