



**SOMERSET ACADEMY**  
TEXAS

## Child Nutrition Services Sack Lunch Request Form

**\*\*\*NOTE\*\*\* All sack lunches are to be picked up at the SCA kitchen**

Requested By: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_ Date of Trip: \_\_\_\_\_  
 Charge Meal to Student Account: 

YES	NO
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If no, charge meals to what organization: \_\_\_\_\_  
 (Please note, if meals are paid by the organization, Adult prices will be applied)

Please complete the following information **only for each student requesting a sack lunch**

<u>Student ID</u>	<u>Student First Name</u>	<u>Student Last Name</u>	<u>Milk Selection</u>	<u>Special Comments</u>

\_\_\_\_\_  
 Printed name of Classroom Teacher

\_\_\_\_\_  
 Signature of Classroom Teacher

\*\*\*I understand that the **classroom** must provide an ice chest to maintain safe temperature Initial \_\_\_\_\_