



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

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 _____