



GREENVILLE PUBLIC SCHOOL DISTRICT
CHILD NUTRITION DEPARTMENT

FIELD TRIP REQUEST FOR SACK LUNCHES

DATE OF REQUEST: _____

SCHOOL: _____

Teacher(s), /Grade(s): _____

DATE OF FIELD TRIP: _____

Total Number of lunches needed for students: _____

(ON A SEPARATE SHEET OF PAPER PLEASE LIST STUDENTS' NAMES.)

Total number of lunches needed for adults: _____
(ALL ADULT MEALS ARE \$3.00)

PRINCIPAL'S SIGNATURE: _____

ALL REQUEST MUST BE SUBMITTED TO THE CAFETERIA MANAGER THREE (3) WEEKS IN ADVANCE.

FOR CHILD NUTRITION DEPARTMENT USE ONLY

To be completed by cafeteria manager

Date request received: _____

Date notified Child Nutrition Department: _____