



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: _____

FIELD TRIP EVENT: _____

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 \$3.50)

PRINCIPAL'S SIGNATURE: _____

ALL REQUEST MUST BE SUBMITTED TO THE CHILD NUTRITION OFFICE THREE (3) WEEKS IN ADVANCE.

FOR CHILD NUTRITION DEPARTMENT USE ONLY

TO BE COMPLETED BY CHILD NUTRITION OFFICE

DATE REQUEST RECEIVED: _____