

School Site: _____

Date(s) of Field Trip: _____

Time leaving school: _____

Estimated time of return: _____

alternate meal time, if possible.

____ Students will eat lunch off-site. Number of meals needed: _____

Teacher making request: _____

Today's Date: _____

PLEASE SEND THIS FORM TO TB CAFETERIA LEAD STAFF MEMBER.

NOTE: Please use a class roster to check off each child as he/she receives a complete bag lunch. Please return the roster to the cafeteria Lead staff member as soon as possible after the field trip.