

Date Requested: _____ School Name: _____

**San Juan School District
REQUEST FOR SACK LUNCHES**

GRADE AND TEACHER REQUESTING LUNCHES: _____

DATE NEEDED: _____

MEAL TIME PICK UP: _____

NUMBER OF LUNCHES FOR STUDENTS: _____

NUMBER OF LUNCHES FOR ADULTS: (Adult meals must be paid for in advance) _____

TOTAL AMOUNT OF SACK LUNCHES REQUESTED: _____

TOTAL # OF CHOCOLATE MILK REQUESTED: _____

TOTAL # OF WHITE MILK REQUESTED: _____

TOTAL # OF WATER REQUESTED: _____

****LUNCHES WILL BE PREPARED BY THE KITCHEN AND PLACED IN BAGS/BOXES/COOLERS. DUE TO HOURLY WORK REQUIREMENTS AND TIME TO BAG LUNCHES, ONLY THOSE THAT MUST BE BAGGED FOR HIKING AS REQUESTED BY THE TEACHER WILL BE INDIVIDUALLY BAGGED. ALL OTHERS WILL NEED TO BE BAGGED ON SITE AT THE FIELD TRIP USING PARENT AND TEACHER HELP TO PASS OUT ITEMS AS STUDENTS GO THROUGH A LINE.**

PRINCIPALS APPROVAL: _____ DATE: _____

NOTE: No meals will be prepared unless all items are completed and two week advance notice has been given prior to date needed. Ice chest for beverages required. (3 week notice due to order/receiving time frame).

ADDITIONAL NOTES FROM TEACHER (include if lunches MUST be individually bagged):

SACK MEAL MENU

LUNCH: 1 meat sandwich, chips, fresh fruit, fresh vegetable, cookie, milk or water
BREAKFAST: 1 muffin, string cheese, fresh fruit, juice and milk (upon request)

Please return this form to the cafeteria manager once it is complete.

THANK YOU FOR YOUR ASSISTANCE AND COOPERATION!