

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.