

**VALLEY VIEW I.S.D.
CHILD NUTRITION DEPARTMENT**



FIELD TRIP REQUEST FORM

Instructions:

Please submit request to Child Nutrition Office after approved by Principal.
Request must be submitted **TWO WEEKS** in advance. One request per teacher please.

Today's Date: _____

Field Trip Date: _____

Destination: _____

Number of Students: _____

Time Lunches Needed: _____

Teacher: _____

Campus: _____

Grade: _____

Please check choice of sandwich:

Please check choice of sides (2):

_____ Hot dog on a bun with ketchup/mustard

_____ Dill Pickles

_____ Italian Calzone

_____ Fruit in Season

_____ Sliced Ham & Cheese Sandwich

_____ Baby Carrots

_____ Bean Burrito

Additional items (only if available)

_____ Cookie

_____ Baked Chips

******If children will eat at a restaurant, Please circle your selection from the following 2 menus:**

Option 1
Graham Crackers
Cheese Stick
Fresh Fruit

Option 2
Animal Crackers
Yogurt Tube
Fresh Fruit

All meals on off campus outings will be served with 1% milk and/or orange juice.

Please document any special diet needs required for any of the participants

Approved:

Principal

Date

Child Nutrition Director

Date