

# Food Service Field Trip Form

Please complete and fax  
no later than

**7 SCHOOL DAYS BEFORE THE TRIP**

Teacher's Name

School Site

\_\_\_\_\_

Day and Date of Trip

\_\_\_\_\_

Destination

\_\_\_\_\_

Time of Departure

\_\_\_\_\_

Number of students requesting a sack lunch \_\_\_\_\_

Lunches will be delivered to the office on the day of the field trip.  
Please return cooler box to cafeteria when you return to school.

STUDENT NAME	STUDENT NAME	STUDENT NAME
1	7	13
2	8	14
3	9	15
4	10	16
5	11	17
6	12	18

Please fax to:  
Stephanie Lip, School Nutrition Director

**Fax: 646-6500**

Phone: 646-6521

[slip@pgusd.org](mailto:slip@pgusd.org)

\*\*It is required by the State Government under the National School Lunch Program that we provide meals for needy students even when students are not on campus.