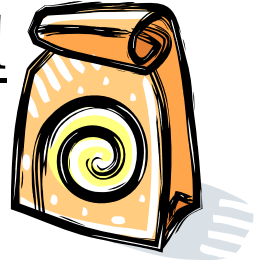


2008-09

SACK LUNCH REQUEST FORM

Riverview School District # 407

Two Day notice Required



Date of Request: _____

School: _____

Teacher: _____ Grade/Room: _____

Date of Field Trip: _____

Number of Lunches Requested: _____

Time for Sack Lunch Pick-Up in Cafeteria: _____

Note children with food allergies/special dietary needs in the food allergy column on the roster sheet on the back of this form. (*appropriate documentation must be on file with Lunchroom Manager*):

The student roster on the back should be used as the official **check off form** for sack lunches when they are distributed at the Field Trip site. Form cannot be completed (acknowledging receipt of meals) prior to meal distribution. The adult distributing the lunches must check off the student as the meal is handed out and sign on the bottom acknowledging that the checked student received the meal.

Completed Forms must be returned to the lunchroom staff after the event has occurred!

For Food Services Department Use Only:

Number of Lunches requested _____

Number of Actual Lunches: _____

Date Received: _____

Date Ordered: _____

If you have any questions about this form contact Kaye Wetli at 4560

Complete the following for each student and attach additional sheet(s) if required. In the first column, check off each student at the time they receive their meal. *Return to Lunchroom staff.*

Date: _____ School: _____ Teacher: _____ Room: _____

<input checked="" type="checkbox"/>	No	First	Middle Initial	Last	Pin # OR ID#	Food Allergy
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					

Adult distributing lunches Signature: _____

Date _____