

# FIELD TRIP NOTIFICATION FORM

DATE OF TRIP \_\_\_/\_\_\_/\_\_\_

SCHOOL: \_\_\_\_\_ TEACHER'S NAME: \_\_\_\_\_

NUMBER OF STUDENTS ATTENDING FIELDTRIP: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

NOT REQUESTING MEALS FOR THIS TRIP:  Total: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

**STUDENT MEALS** \*THE NUMBER OF MEALS OFFERED CANNOT EXCEED THE NUMBER OF STUDENTS ATTENDING FIELD TRIP

\*TOTAL BREAKFASTS NEEDED: \_\_\_\_\_ \*TOTAL LUNCHESES NEEDED: \_\_\_\_\_

**IMPORTANT NOTICE:** THE TEACHERS FOR EACH CLASS ARE RESPONSIBLE FOR POINT OF SERVICES MEAL COUNTS. ATTACH SYNERGY CLASS ROSTER STU408 WITH THE NAMES OF EVERY STUDENT ENROLLED AS OF THE DATE. ACTUAL HEAD COUNT MUST BE SUBMITTED TO THE CENTRAL KITCHEN THE WORKDAY FOLLOWING THE TRIP.

**ADULT MEALS** IMPORTANT –ADULTS MAY NOT EAT MEALS PREPARED FOR STUDENTS.

NUMBER OF ADULTS BREAKFASTS NEEDED: \_\_\_\_\_ AT \$3.50 EACH= \_\_\_\_\_

NUMBER OF ADULTS LUNCHESES NEEDED: \_\_\_\_\_ AT \$4.00 EACH= \_\_\_\_\_

TOTAL COST FOR ADULT MEALS: \$ \_\_\_\_\_

PAYMENT FOR ADULT MEALS MUST BE MADE PRIOR TO THE DATE OF THE TRIP. ADMINISTRATION OFFICE WILL GLADLY ACCEPT PAYMENT FOR ADULT MEALS.

## DELIVERY INSTRUCTIONS

DELIVERY TIME: \_\_\_\_\_ LOCATION: SCHOOL KITCHEN

**TEACHER SIGNATURE(S) EACH TEACHER ATTENDING MUST SIGN**

X \_\_\_\_\_ DATE: \_\_\_\_\_

X \_\_\_\_\_ DATE: \_\_\_\_\_

X \_\_\_\_\_ DATE: \_\_\_\_\_

X \_\_\_\_\_ DATE: \_\_\_\_\_

**FOOD SERVICE DIRECTOR SIGNATURE:** \_\_\_\_\_

