

## **ADVANCE FIELD TRIP REQUEST**

CONTACT PERSON:		PHONE NO.	
SCHOOL :			
TODAYS DATE:		FIELD TRIP DATE:	
APPROXIMATE NU	IMBER OF LUNCHES NEEDED:	_	
MILK NEEDED:	WHITE:	CHOCOLATE:	
APPROXIMATE NUMBER OF EXTRA MILK NEEDED (IF ANY):			
TEACHER:		ROOM NUMBER:	
STUDENTS WITH ALLER	GIES:		
STUDENT NAME/ID:		ALLERGY:	
STUDENT NAME/ID:		ALLERGY:	
STUDENT NAME/ID:	-	ALLERGY:	
STUDENT NAME/ID:		ALLERGY:	

## **PLEASE ORDER 2 WEEKS IN ADVANCE**

## TO BE REQUESTED BY SITE ADMIN, PROJECT CLERK OR SITE SECRETARY

**EMAIL COMPLETED FORM TO RIALTO NUTRITION:** 

rialtonutrition@rialtousd.org

A NUTRIONALLY ADEQUATE MEAL MUST BE OFFERED TO ALL STUDENTS EVERY SCHOOL DAY THE FIGURE ON THIS FORM IS ONLY AN ESTIMATE.

PLEASE REMEMBER TO SEND THE *EXACT LUNCH REQUEST* FORM TO NUTRITION SERVICES AT LEAST **THREE DAYS** BEFORE THE FIELD TRIP

\*ALL LUNCHES MUST BE COUNTED/VERIFIED PRIOR TO LEAVING FOR FIELD TRIP\*