

**Barstow Unified School District
Food Services Department
Sack Lunch Request**

When completed, please FAX or send request to the Food Services Office a *minimum* of two (2) weeks prior to the field trip.

School _____ Date _____

Teacher Name _____ Room # _____

Field Trip Location _____ Field Trip Date _____

Requested Delivery Time _____

of Student Sack Lunches Requested _____

of Adult Sack Lunches Requested _____

If you are attaching a student roster, please *clearly* indicate which students will be requiring a meal. Food Services staff will complete the meal status portion below.

“DO NOT WRITE “FREE STUDENT ONLY”

Student First and Last Name	Student ID Number	MEAL STATUS FOOD SERVICES USE ONLY