

**RIALTO UNIFIED SCHOOL DISTRICT
NUTRITION SERVICES DEPARTMENT**

ADVANCE FIELD TRIP REQUEST

CONTACT PERSON _____ PHONE NO. _____

SCHOOL _____

TODAY'S DATE _____ FIELD TRIP DATE _____

APPROXIMATE NUMBER OF LUNCHES NEEDED _____

MILK NEEDED WITH LUNCHES: WHITE _____ CHOCOLATE _____

APPROXIMATE NUMBER OF EXTRA MILK NEEDED _____

ROOM # _____ TEACHER _____

DELIVERED WITH BREAKFAST: YES _____ NO _____
(Breakfast schools only)

PICK UP AT CENTRAL KITCHEN: YES _____ NO _____ PICKUP TIME _____

STUDENTS WITH ALLERGIES:

STUDENT: _____ STUDENT ID: _____ ALLERGY: _____
STUDENT: _____ STUDENT ID: _____ ALLERGY: _____
STUDENT: _____ STUDENT ID: _____ ALLERGY: _____
STUDENT: _____ STUDENT ID: _____ ALLERGY: _____

*** THIS FORM TO BE TURNED IN TWO WEEKS IN ADVANCE ***

Please fill out the *Advance Request for Field Trip Lunches* form **two weeks** before the field trip, allowing sufficient time for Nutrition Services to adjust ordering of lunches and food. A nutritionally adequate meal must be offered to all students every school day. The figure on this form is only an estimate. Please send this request to Nutrition Services or fax to (909) 873-2360.

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**