Cafeteria Field Trip Notification
(Due to Mrs. Stevens at least 2 weeks in advance)

Date of Trip _____

Today's Date_____

Grade/Classes Taking Trip_____

Responsible Teacher_____

Will the class(es) eat in the cafeteria at their regular lunch time? _____Yes _____No
If no, complete the following:

Will the class(es) eat in the cafeteria at a different lunch time (must have administrator's approval)? _____Yes _____No
Time (approved by administrator) _____

Will students need sack lunches?* _____Yes _____No

If yes, what time will sack lunches be picked up? _____

If yes, please list student names and lunch numbers below:

_____

_____

_____

_____

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*It is recommended that classes eat sack lunches if students will be returning at a time that is significantly different from the grade's regular lunch time.