

FIELD TRIP ORDER FORM

Salinas Union High School District
Food Service Department

REQUESTER INFORMATION

NAME: _____ DATE: _____

SCHOOL: _____

EMAIL: _____

PHONE: _____ DISTRICT EXT: _____

PLEASE NOTE: All cafeteria's require an advance notice of 10 working days from the date meals are needed.

ORDER

DATE NEEDED: _____

TIME NEEDED: _____

TOTAL BREAKFAST NEEDED: _____

TOTAL LUNCHES NEEDED: _____

RESTRICTIVE DIETS/ALLERGIES INFORMATION

STUDENT INFORMATION MUST BE LISTED BELOW

CHILD'S NAME	STUDENT ID	LIST RESTRICTION	MEDICAL STATEMENT COMPLETED? YES/NO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTES:

FIELD TRIP ORDERS REQUESTED OUTSIDE OF SCHOOL HOURS MUST COMPLETE A CATERING FORM

OFFICE STAFF ONLY

INITIALS

DATE