

**RIALTO UNIFIED SCHOOL DISTRICT
NUTRITION SERVICES DEPARTMENT**

ADVANCE FIELD TRIP REQUEST

CONTACT PERSON _____ PHONE NO. _____

SCHOOL _____

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: _____
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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

