



Brookfield Schools Field Trip Lunch Form

Parents/Guardians:

Nutri-Serve Food Management will now be offering an option for parents to pre-order a bagged lunch for their child going on a school trip.

The bagged lunch would be the same price as a lunch served in the cafeteria *(based off your family's eligibility: Free: \$0.00, Reduced \$0.40, Paid \$3.50- High School, \$2.65 Elementary School)*

Each field trip lunch would include: Your choice of a Salad, Sandwich, Hoagie or Wrap fruit choice, vegetable choice, and a milk choice. *As mandated by the Healthy Hunger Free Kids Acts of 2012, one selection must be a fruit **or** vegetable choice.*

If you wish to purchase a field trip lunch for your student please complete the form below and return it to the cafeteria **at least 2 days** prior to the field trip. The lunch will be charged to your child's school lunch account. On the day of the trip we will provide the Teacher with the bagged lunches in a tote with ice packs along with a completed roster of students and their choices.

Thank you,
Dennis Zakroff,
School Business Administrator
856-795-8228 x262
dennis.zakroff@brookfieldschools.org

BROOKFIELD SCHOOLS FIELD TRIP ORDER FORM
(Please Complete and return to the cafeteria 2 days before school field trip)

FIELD TRIP LUNCH TICKET

DATE OF FIELD TRIP _____

NAME OF FIELD TRIP _____

STUDENT'S NAME _____

NAME OF SCHOOL: BROOKFIELD

TEACHER _____ GRADE _____

Choose One (1) (Please Write in Your Choice from Page 2 of The Monthly Menu)

_____ Salad Choice _____ Wrap Choice

_____ Sandwich or Hoagie Choice

Choose One (1) Fruit or One (1) vegetable or two of choices of each

(As mandated by the Healthy Hunger Free Kids Act of 2012 you are required to choose 1 Fruit or 1 Vegetable)

_____ Fresh Orange Slices _____ 100% Fruit Juice _____ Cupped Fruit Salad

_____ Baby Carrots _____ Corn Salad _____ Pepper Strips _____ Broccoli Bites _____ Celery Sticks

Choose One (1) Low Fat Milk Choice

(Under Offer vs. Serve If you choose a Sandwich along with a fruit or vegetable you do not need a milk choice)

_____ 1% White Milk _____ 1% Chocolate Milk _____ Lactaid Free Milk (doctors note required)

PARENT/GUARDIAN SIGNATURE

This institution is an equal opportunity provider and employer