Delsea Regional Bag 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 $2.45*

Each bag lunch would include: a deli sandwich, 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.* Nutri-Serve will also be including a nutritious snack.

If you wish to purchase a bag lunch for your child 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, so please plan to pay by sending in cash or a check with your student or adding funds to your student's account at www.schoolpaymentportal.com.

Thank you,
Pat Rattell
Food Service Director
Delsea Regional School District
Nutri-Serve Food Management
1-856-694-0100 X 265
DRS@nsfm.com

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Delsea Regional School District
FIELD TRIP ORDER FORM
(Please Complete and return to the cafeteria 2 days before school field trip)

BAG LUNCH TICKET

DATE OF FIELD TRIP_____

NAME OF FIELD TRIP _____

STUDENT'S NAME_____

NAME OF SCHOOL: Delsea Regional School District

TEACHER_____GRADE _____

Choose One (1)

_____*Ham & Cheese Deli Sandwich* _____ *Turkey & Cheese Deli Sandwich* _____*Peanut Butter & Jelly Sandwich*

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

_____*Fresh Orange Slices* _____*100% Fruit Juice* _____

_____*Daily Cold Vegetable Choice from Monthly Menu* _____*Bagged Baby Carrots*

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 _____

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