

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

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 2012I 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 _____

This institution is an equal opportunity provider and employer

