SACK LUNCH REQUEST FORM
Riverview School District # 407
Two Day Notice Required

School: _____ Date of Request: _____

Teacher: _____ Grade:_____

Date of Field Trip: _____ Number of Lunches Requested: _____

Time for Sack Lunch Pick-Up in Cafeteria: _____

Complete the following information. Please place a check mark in the first column when the student receives the sack lunch. The adult distributing the lunches must check off the student as the meal is handed out and sign on the bottom acknowledging that the checked student received the meal so the appropriate student account is charged for the meal.

Completed forms must be returned to the lunchroom cashier the day after the event!

If you have any questions please contact Kaye Wetli at 4560.

	First Name	Last Name	Student ID	Food Allergy

Signature of Adult Distributing Lunches:_____ Date:_____