FAIRHAVEN SCHOOL

BAGGED LUNCH REQUEST FORM FOR PARENTS

At your request, the school cafeteria will provide your child with a bagged lunch or milk only when there is a field trip over their lunch period or the student leaves the school for our CITE work program. The bagged lunch is free for all students and milk only is \$0.40 this school year. By signing this form, you acknowledge Food Services will provide your student a bagged lunch or milk only.

Bagged Lunch: Soy-Butter & Jelly Sandwich, Cheez-It, Cheese Stick, Apple Slices, Baby Carrots, Ranch Cup, and Milk. (Subject to change based on availability)

Yes, I would like to request a School Bagged	Lunch for my child.	
No, I will provide a home packed lunch for m	ny child.	
Yes, I want a MILK ONLY price of \$0.40.		
No, I will provide money for my child to purchase a lunch at The cost will be		
Money MUST BE turned in by	to your teacher.	
Student Name:	Teacher/Room#:	
Food Allergies/Special Dietary Needs:		
Field Trip Date:		
Parent Signature:		

FAIRHAVEN SCHOOL

BAGGED LUNCH REQUEST FORM FOR PARENTS

At your request, the school cafeteria will provide your child with a bagged lunch when there is a field trip over their lunch period or the student leaves the school for our CITE work program. The bagged lunch is free for all students this school year. By signing this form you acknowledge Food Services will provide your student a bagged lunch or milk only.

Bagged Lunch: Soy-Butter & Jelly Sandwich, Cheez-It, Cheese Stick, Apple Slices, Baby Carrots, Ranch Cup, and Milk. (Subject to change based on availability)

Yes, I would like to request a School Ba	gged Lunch for my child.
No, I will provide a home packed lunch	for my child.
Yes, I want a MILK ONLY price of \$0.4	40.
No, I will provide money for my child to	purchase a lunch at The cost will be
Money MUST BE turned in by	to your teacher.
Student Name:	Teacher/Room#:
Food Allergies/	
Special Dietary Needs:	
Field Trip Date:	
Parent Signature:	