

# Barrington 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 \$2.55*)

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.*

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.myschoolbucks.com](http://www.myschoolbucks.com)

Thank you,  
Rose Yevak  
Food Service Director  
Barrington School District  
Nutri-Serve Food Management  
856-547-8402 ex.252  
[BAR@nsfm.com](mailto:BAR@nsfm.com)

*This institution is an equal opportunity provider and employer*

**BARRINGTON 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: \_\_\_\_\_

TEACHER \_\_\_\_\_ GRADE \_\_\_\_\_

**Choose One (1)**

\_\_\_\_\_ *Ham & Cheese Deli Sandwich*    \_\_\_\_\_ *Turkey & Cheese Deli 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 \_\_\_\_\_

*This institution is an equal opportunity provider and employer*