



FIELD TRIP FOOD REQUEST FORM

(Form FTSY 8/19)

Please complete all information. *Once completed, email to ReynoldsE@Schenectady.k12.ny.us a minimum of 5 operating days prior to field trip date.* All other information will be completed by District Office. This form is required to be on file for meals to be provided

SFA Name: Schenectady CSD

*School Name: _____

* Program Name _____

*Date of Trip _____

*Field Trip Destination: _____

*Destination Address: _____

*Location and Time of Meals being picked up: _____

*Time of Departure from site: _____

*Time of Return to site: _____

*Names of Classroom Teachers Attending Trip: _____

*Number of Children Attending: _____

*Meals Served at Trip Site: ☐ Breakfast ☐ Lunch- Turkey Sandwich (#__) or PB & J (#__)

☐ Snack (for preapproved programs)

☐ Dinner (for preapproved programs)

*Meals Service Times(s): _____

*** Food Allergies of Students on Trip ☐ Y ☐ N If Yes- Please attach list with name and allergy and submit with this form. An alternate lunch will be provided, marked in a separate bag.**

*How are meals being transported to trip site? _____

*Will all students in the class be attending this trip? ☐ Y ☐ N

*If no, will you be serving children at the normal site? ☐ Y ☐ N

*By checking this box ☐ I hereby assure that:

1. Only meals served to eligible children will be recorded on the roster. **Roster will need to have ID # listed and turned into cafeteria staff the next day.**

2. All meals will meet meal pattern requirements & will be properly supervised

4. Safe food handling procedures will be implemented during transportation and service of meals.

5. Coolers and Ice Packs will be returned to kitchen staff between 7am and 3pm

Replacement for Coolers is \$95 and Ice packs \$25

*Signature of Building Administrator _____

* Requestor's Name _____

Print

Phone number _____

For SCSD Business Office Use

Received On _____ Entered in Google sheet on _____ Sent to FSMC on _____

Authorized Representative Name _____ Title _____

Field Trip Process Checklist

_____ Building Principal Approval
(During school hours)

_____ Building Nurse Approved

_____ Student Transportation Request
Approved

_____ Food Service Meal Request
Approved (form FTSY7/19)

_____ Supt.'s Office Approval (after school
hours)

•Form for Extended Time Field Trip
completed and submitted to Supt.'s
Office. Please plan accordingly as this
request will need BOE approval.