



Brunch Field Trip Request

Request instructions

Meals must be accounted for by student name and PIN# when ordered and at the time of distribution. Check mark students' names that will receive a meal on a class roster with 6-digit PIN#'s. 7 business days prior to the event scan this completed request form and completed class roster with PIN#'s to Jwillard@spusd.net or send in district mail to FNS. If you do not receive a confirmation of receipt within 2 business days contact:

Jenifersmith@spusd.net

**BRUNCH INCLUDES:
WHOLE GRAIN MUFFIN & FRUIT, 1% REGULAR MILK
NO COST TO SPUSD STUDENTS.**



DATE OF BRUNCH: _____ DAY OF WEEK: _____

TIME OF PICK UP
FROM OFFICE: _____ SCHOOL: _____

TEACHER NAME: _____ GRADE: _____

TEACHER EMAIL: _____

TOTAL NUMBER OF STUDENT BRUNCHES NEEDED: _____

ADULT BRUNCH, \$4.00 EACH: _____

FEDERAL REGULATIONS REQUIRE THAT MILK IS OFFERED TO ALL STUDENTS.

1% REGULAR _____ LACTAID _____

PROCEDURES FOR MEAL ACCOUNTING MUST FOLLOW THE NATIONAL SCHOOL LUNCH PROGRAM GUIDELINES. THE CDE MANDATES THAT ALL STUDENTS BE PROVIDED THE OPPORTUNITY TO RECEIVE SCHOOL BREAKFAST AND LUNCH EACH DAY OF INSTRUCTION.

This institution is an equal opportunity provider. All meals comply with National School Lunch Program nutrition regulations. Updated 7-26-23