Anthony Independent School District

Field Trip Request Form

Request must be submitted to Cafeteria Manager two (2) weeks prior to need date

Teacher's Name: _____ Campus: _____ Room: _____

Date needed: _____ Time needed: _____

Total # needed : _____ BKF _____ LUNCH _____ SNACK _____

IMPORTANT: To ensure school district reimbursement, the Child Nutrition department must be provided with a list of students with ID numbers that are requesting breakfast, lunch or snack for off-site consumption. The teacher or a designated adult must be responsible for check (√) marking the students name when accepting the complete snack.

The roster must be returned to the Cafeteria Manager upon return to campus to ensure proper accountability.

USDA regulations require a record of which students were provided with a reimbursable snack and must be kept on file.

Teacher Signature: _____ Date: _____

Email completed form to the appropriate cafeteria manager
ES - Juan Valdez - JValdez@anthonyisd.net
MS/HS - Brenda Jimenez - BJimenez@anthonyisd.net
CC: Tisha Villalva and Sara Moya