

Flat-Rock Hawcreek Schools

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Order a Field Trip Lunch

Field Trip Lunches are available to your child, the teachers & adult chaperones from your food service department!

Your child's teacher has scheduled a field trip that will involve an absence from school during lunchtime. We will gladly pack your child's lunch for this trip. Cost for this lunch is \$0.00 for Hope students, \$0.00 for Hauser students & \$4.60 for adults. The **Field Trip Lunch** also qualifies for free & reduced pricing.

Additional facts about the sack lunch:

- Lunches are packed in coolers to keep them cold/safe during transit, and served within 4 hours.
- Students eligible for free and reduced meals can receive this lunch at no cost or \$0.00 for reduced students.
- Milk choices offered are fat free chocolate and 1% white milk.
- Our healthy menu includes:
 1. Deli Sandwich with cheese on whole grain bread
 2. Fruit
 3. Juice
 4. Vegetable's with dip
 5. Milk (choice)
 6. Chips

Students and teachers may pay cash in advance or have the cost deducted from their food service accounts. Adult chaperones must order, and pay in advance.

Please return the bottom portion of this letter at least **5 business days prior** to the scheduled field trip.

All trips planned for a Monday morning departure need submitted 10 days prior.

We hope you find this service helpful, and welcome suggestions for improvement.

Field Trip Lunch Order Form

(Please return this portion, Thank You)

Field Trip Date _____ Destination _____ School(circle)-HES or HHS

Teacher _____ Grade _____ Child's Name _____

of Student Meals (HES \$0.00 HHS \$0.00) _____ #of Adult Meals (\$4.60) _____

_____ Payment is enclosed (**payment required for adult chaperones**)

_____ Deduct student meal from their lunch account (**Free & Reduced will mark this option**)

_____ My child will bring lunch from home.

(Please circle your selection)

Student Milk: Chocolate or White

Adult Milk: Chocolate or White

Student Entrée: Deli or PB&J

Adult Entrée: Deli or PB&J

List any allergies or other Medical conditions affecting food selection: _____

Parent Signature _____ Date _____

This establishment is an equal opportunity provider.

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