

Field Trip Planning Form

This form is to be used when students take any trip off campus for school purposes.

School: Mann Elem. Grade(s): 5 Class/Activity Group/Team: All 5th Grade
 Teacher/Sponsor/Coach: Julie Johnson Cell Phone Number: 859 242 8151
 Person trained with current medication administration training CPR/FA/AED credential Julie Johnson

Destination Venue, Location and State: Conner Prairie, Fishers IN
 Trip Location Contact Person: Julia Luke Phone Number: 317-776-6000

Teachers: 6 # Students: 126 # Chaperones: 50 Adult/Student Ratio: 1:4 / 1:3

Date(s) & Times Departure Date: <u>April 24, 2026</u> Time: <u>8:00</u> <u>AM</u> <u>PM</u> Return Date: <u>April 24, 2026</u> Time: <u>5:45</u> <u>AM</u> <u>PM</u>		Cost Total Cost: \$ <u>47.00</u> Funding Source: <u>Students</u> Fee to be assessed to students: \$ _____ <i>Attach Student Activity Cost Form 09.15 AP.23</i>		Transportation <input type="checkbox"/> District Bus/Van <input checked="" type="checkbox"/> Charter Bus: <u>Executive Charter</u> Approved Bid – Company Name <input type="checkbox"/> Other: _____ <i>Attach a copy of Charter Bus Contract.</i>	
Meals	At school prior to departure <input type="checkbox"/> <u>Super Seck</u> / Student Packed <input checked="" type="checkbox"/>		Location where packed lunches will be		
	School Cafeteria Packed <input type="checkbox"/>		Consumed: <u>Shelter house</u>		
Over Night	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)		Name & Location:		
			Name & Location:		
Over Night	Date: <u>N/A</u>		Lodging:		
	Date: <u>N/A</u>		Lodging:		

Trip Purpose and Core Content/learning targets: C.P. is an interactive historical park / 4.G.HI.1

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: _____

If any medication is listed on the parent permission form, someone must be identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned. This form may not be submitted to Central Office for Board consideration until you have listed who will be administering all medications and the nurse has ensured that they are trained and authorized.

Name of trained administrator(s) of routine and emergency medications: All teachers

School Nurse Initials: JB RN for verification that medications administrator listed above received training.

Due Date: 9.3.25 to turn in Roster and completed Parent Permission Slips for nurse's final review.

The following items have been completed or are in process. (Teacher/Sponsor/Coach must initial below)

- N/A I have viewed the field trip video for teachers/sponsors/coaches found on the district website.
- ☒ I have attached an anticipated Trip Itinerary.
- ☒ I have evaluated the trip site for potential hazards/special requirements.
- ☒ I have an event-specific emergency action plan for the trip site and will distribute to all personnel attending the event in an official capacity.
- ☒ Funds have been secured for indigent students.
- ☒ If needed, background checks for chaperone approval have been initiated.
- ☒ Plans have been made for students who currently have medication orders on file at the school, to receive routing medications (trained employee for KY trips and states where approved, nurse, or parent attending):

Teacher/Sponsor/Coach Signature: Julie Johnson Date: 8/28/25

School-Related Student Trip Request Form**EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)
FOR ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS**

Destination/Venue: Conner Prairie
 Venue Address: 13400 Allisonville Rd., Fishers IN
 Person or email contacted at venue to discuss EAP: Julia Luke
 Position/Title of person contacted: Guest Relations Event Coordinator
 Date (s) of contact: August 2025
 Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? multiple locations - see attached map
 Does venue have an emergency response team (ERT) ☐ yes ☒ no?
 Process to request AED and/or ERT if needed at the scene: contact any staff member

Will a portable AED be taken from school on this trip ☐ yes ☒ no? If yes, who will be responsible for oversight and location of AED? _____

Is any other assigned emergency equipment available on field trip? ☐ yes ☒ no

If so, list location of equipment _____

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP.

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

- Location of AEDs.
- If possible, how to gain access.
- Steps that must be taken quickly to initiate the chain of survival.
 - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing).
 - Call 911 using cell phone or other means of communication.
 - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute).
 - Retrieve and use the nearest AED.
 - Continuing supporting the victim until the local EMS arrives and takes over care; and
 - Direct EMS to the scene.

APPROVAL SIGNATURES REQUIRED

- **CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED SIGNATURES**

○ Principal: Connie Dugger Date: 9/30/25
 ○ ☒ Required for all trips.

○ Superintendent/Designee: _____ Date: _____

○ ☐ Overnight Trips

○ Board of Education: _____ Meeting Date: _____

○ Submit forms to Superintendent/Designee for review and submission to the Board for approval.

○ ☐ Travel outside the Tri-State area of KY, OH, IN

○ ☒ Common Carrier contract including cost.

○ ☒ Common Carrier Transportation.

Reason for using a Charter Bus/Plane: out of state - IN
 ○ All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.

School-Related Student Trip Request Form**UPON APPROVAL, THIS FORM WILL BE RETURNED FOR FINAL PREPARATIONS**

- ☒ Provide a copy of this approved form to the bookkeeper and request Purchase Orders for all expenses.
- ☒ Make reservation with the venue.
- ☒ Make transportation arrangements.
- ☐ Send out completed principal approved Parent Permission Forms.
- ☐ Confirm receipt of Parent Permission Forms & authenticate signatures. Send reminders, if needed.
- ☐ Collect fees using the Multiple Receipt Form and turn funds into the Bookkeeper daily.
- ☐ Confirm parents requesting to chaperone are on the approved list and begin assignment of chaperones to students. Parents of students who require emergency and/or routine medications should be invited to chaperone if they are on the approved list.
- ☐ Consult with Cafeteria Manager on lunch arrangements, including number of students that will be out of the building if lunch is not provided through the cafeteria.
- ☐ Two weeks prior to the trip date, submit a student roster and all completed parent permission slips to the School Nurse for medications and/or specific adaptations approval. ☐ Confirm that personnel trained in medication administration, as needed and CPR/FA/AED will attend. Name of trained personnel: _____ ☐ Cost for nursing, if applicable, shall be arranged and paid by the school. School Nurse Signature: _____ Date: _____

ON THE DAY OF THE TRIP

- | | |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Provide chaperone orientation (video, etc.) | <input type="checkbox"/> Post attendance prior to leaving |
| <input type="checkbox"/> Provide office with a list of chaperones & cell numbers | <input type="checkbox"/> Take student lunches (if applicable) |
| <input type="checkbox"/> Take student medications in original labeled bottle | <input type="checkbox"/> Take classroom emergency kit |
| <input type="checkbox"/> Take parent permission slips with you on the trip | <input type="checkbox"/> Take required payments |
| <input type="checkbox"/> Give office copies of all parent permission slips
(Retain for one (1) year) | <input type="checkbox"/> Provide copy of event specific EAP to all personnel
attending in an official capacity, including cell
numbers for all |

Executive Charter, Inc.
1810 Monmouth St. Newport KY 41071
859-261-8841
reservations@executivetransportation.org

Account Name: **SHIRLEY MANN ELEMENTARY** Acct ID: **3845000**

Address: **10435 US HIGHWAY 42 UNION, KENTUCKY 41091**

Client Contact: **JULIE JOHNSON** Phone#: **8593845000**

4/24/2026 7:30:00AM	SHIRLEY MANN STUDENTS	Confirmation# 3141110
MOTOR COACH 55	FROM: SHIRLEY MANN ELEMENTARY / 10435 US 42 UNION, KY 41091	FARE: \$1,545.00
	TO: CONNER PRAIRIE / 13400 ALLISONVILLE RD. FISHERS, IN 46038	TIPS: \$50.00
TRIP REMARKS: WAIT & RETURN START @ 2:45PM CONTACT: JULIE JOHNSON Order has more than 1 vehicle (3)		Total Fare \$1,595.00

4/24/2026 7:30:00AM	SHIRLEY MANN STUDENTS	Confirmation# 3141113
MOTOR COACH 55	FROM: SHIRLEY MANN ELEMENTARY / 10435 US 42 UNION, KY 41091	FARE: \$1,545.00
	TO: CONNER PRAIRIE / 13400 ALLISONVILLE RD. FISHERS, IN 46038	TIPS: \$50.00
TRIP REMARKS: WAIT & RETURN START @ 2:45PM CONTACT: JULIE JOHNSON Order has more than 1 vehicle (3)		Total Fare \$1,595.00

4/24/2026 7:30:00AM	SHIRLEY MANN STUDENTS	Confirmation# 3141114
MOTOR COACH 55	FROM: SHIRLEY MANN ELEMENTARY / 10435 US 42 UNION, KY 41091	FARE: \$1,545.00
	TO: CONNER PRAIRIE / 13400 ALLISONVILLE RD. FISHERS, IN 46038	TIPS: \$50.00
TRIP REMARKS: WAIT & RETURN START @ 2:45PM CONTACT: JULIE JOHNSON Order has more than 1 vehicle (3)		Total Fare \$1,595.00

Invoice Total: \$4,785.00

DEPOSIT: A \$100 deposit per motorcoach is required to reserve service. To avoid cancellation, the balance of the payment is due thirty (30) days prior to the event. If balance is not paid in full 30 days prior, trips can be cancelled without notice to fulfill company needs.

CANCELLATION: We have a 2 week cancellation policy. Cancellation less than two (2) weeks prior to service will result in forfeiture of all monies paid.

PAYMENTS: We accept credit card, check or EFT. Please make checks payable to: Executive Charter, Inc.

CREDIT CARD PROCESSING FEE: A processing fee of 3% will be added to all credit card payments.

PAST DUE AMOUNTS: A Finance Charge of 2% Per Month, 24% Annual Percentage Rate will be charge on all past due accounts.

PRICE VARIATIONS: The price quoted above is from terminal to terminal and is based upon the information originally given. Any changes may affect the original price quote.

AMENITIES such as wi-fi, PA system, electrical outlets, DVD players and TV monitors are provided at no charge. Therefore no refund will be issued for the failure of such amenities.

DAMAGE AND CLEAN UP FEES: If excessive clean up is required there will be an additional charge of \$250. You will be liable for any damage caused by the passengers of the bus.

ITINERARY: A specific itinerary is required 2 weeks before the trip, listing all locations and expected times for the driver(s).

NOTES: Please check the information above regarding your trip. Please contact us with any changes, corrections, or additions to your itinerary. Our staff is anxious to help you.

Please sign and return with your deposit to ensure your coach reservation.

Signature _____ Date _____

CONNER PRAIRIE

STEP INTO THE STORY

Transaction Date: 08/14/2025

Order #: 14144520

Mann Elementary School
Julie Johnson
10435 US Hwy 42
Union, KY 41091-9528

Phone: (859) 384-5000

Email: julie.johnson@boone.kyschools.us

Thank you for your reservation. You are confirmed for the following program(s):

Date: 4/24/2026

Reservation Name: Mann Elementary School - Johnson

Notes:

Start Time: 10:00AM

End Time: 3:00PM

Group Type: SchoolTour-4th Grade

Payment Due: 4/24/2026

1246	School Tour - Guest Student	X	\$9.00 =	\$1,116.00	+ 18.00 = 1134
47	School Tour - Guest Chaperone	X	\$9.00 =	\$423.00	
6	School Tour - Guest Teacher	X	\$0.00 =	\$0.00	
177				\$1,539.00	\$ 1557.00

Julie Johnson

10:00 AM	School Tour
11:00-11:30 AM	School Tour Animal Encounters
12:00-12:30 PM	School Tour Lunch

If your school has 50% or more of students that are economically disadvantaged, as indicated by the Indiana Department of Education, your school may be eligible for the Transportation Fund. For more information and to apply click [here](#).

Conner Prairie Schedule/Highlights

4/24/2026: 5th Grade Trip

7:45am-Students arrive at school (Report to Homeroom Teacher)

FOR TEACHERS:

- Take Attendance
- Get packed Cafeteria Lunches
- *Snacks will stay on bus for ride home
- Medicines from Peggy

7:55- Load Buses at Mann

Start loading Kids (Remember jackets, it may be wet and cold!)

Bus #1: Johnson & Coyle (Finn)

Bus #2: Reusch & Koehler

Bus #3: Bowman & Hatton

8:00 **Buses Leave for Conner Prairie**

10:15-10:30 **Buses Arrive at Conner Prairie**

10:30 – 12:00 **Explore Conner Prairie**

11:00-11:30 **Animal Encounters - stop by the barn to see the animals during this time slot!**

12:00-12:30 Meet at **BAYT PAVILLION** for lunch

(Bayt Pavillion is right by the bus drop off/pick up location)

12:30-2:30 **Explore Conner Prairie**

*****USE RESTROOMS ON YOUR WAY TO MEET *BEFORE* DEPARTURE!**

2:30 MEET AT THE BUS PICK-UP LOCATION FOR ROLL CALL!!!

2:45 **LOAD BUS WITH TEACHER & DEPART CONNER PRAIRIE**

5:45 Buses will arrive at Shirley Mann!!

RE: 4-25 School Tour Confirmation

Julia Luke <Luke@connerprairie.org>

Thu 8/22/2024 9:51 AM

To: Johnson, Julie <julie.johnson@boone.kyschools.us>

3 attachments (1 MB)

4-25 Mann Elementary School Contract .pdf; AED LOCATIONS - updated for 2024.pdf; AED Map .jpg;

EXTERNAL MESSAGE

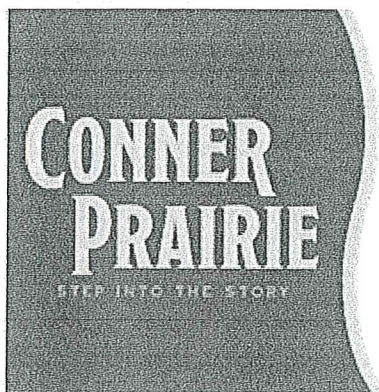
Hi Julie,

I have the list of AEDs that we have on property and also attached the map and marked where the AEDs are located with red dots.

The Chinese House is on the far-left side of the map. The EMT Cart is mobile so it can be anywhere in a matter of minutes, but it is normally stationed at the building behind the Bus Parking Lot. This cart can be accessed by contacting any staff member on the grounds! The Necessary is in Prairie Town, and the President's House is on the bottom right corner of the map. There is also an AED in the Guest Services office. The Coverdale house is not on the property.




Let me know if you have any questions!

Thanks,

**JULIA LUKE**

GUEST RELATIONS EDUCATION COORDINATOR

She/Her

 luke@connerprairie.org P: 317.776.6000 EXT. 266 13400 Allisonville Road, Fishers, IN 46038**From:** Johnson, Julie <julie.johnson@boone.kyschools.us>**Sent:** Wednesday, August 21, 2024 3:29 PM**To:** Julia Luke <Luke@connerprairie.org>**Subject:** Re: 4-25 School Tour Confirmation

Hi Julia,

Aside from adjusting our student numbers to 128, I also must provide some emergency medical information specifically regarding if you guys have an AED and where it is located?

You guys have been amazing in the past and I have had a phone number to contact for emergencies and you all have provided me with a golf cart when necessary (to transport sick or injured kiddos) Is this still the plan? Sorry, I've never had to provide this info to our board before.

Julie Johnson

ann Elementary School

5th Grade SS and LA

Visit our 5th grade website [HERE](#)

From: Julia Luke <Luke@connerprairie.org>

Sent: Tuesday, August 20, 2024 2:44 PM

To: Johnson, Julie <julie.johnson@boone.kyschools.us>

Subject: 4-25 School Tour Confirmation

EXTERNAL MESSAGE

Hello!

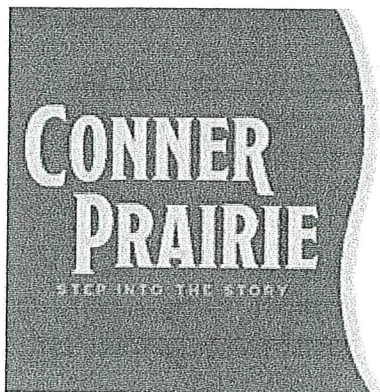
Thank you for choosing Conner Prairie Museum for your field trip!

Please take a few minutes to review the attached PDF's. The first attachment is a summary of your reservation details with dates, times and prices for your program. The additional attachment(s) contain useful details including payment details, what to do if you need to change or cancel your visit date, Conner Prairie's weather policy and other information about your field trip day. Please print these out and bring them with you.

We will email you before your field trip with final details about your program and will be able to answer any last minute questions you may have.

Thank you for your reservation and please contact us if you have additional questions. You may call Conner Prairie Guest Services at 317.776.6000 (press option 3) and a team member in our department will be happy to assist you.

We look forward to your visit!



JULIA LUKE

GUEST RELATIONS EDUCATION COORDINATOR

She/Her



luke@connerprairie.org



P: 317.776.6000 EXT. 266



13400 Allisonville Road, Fishers, IN 46038

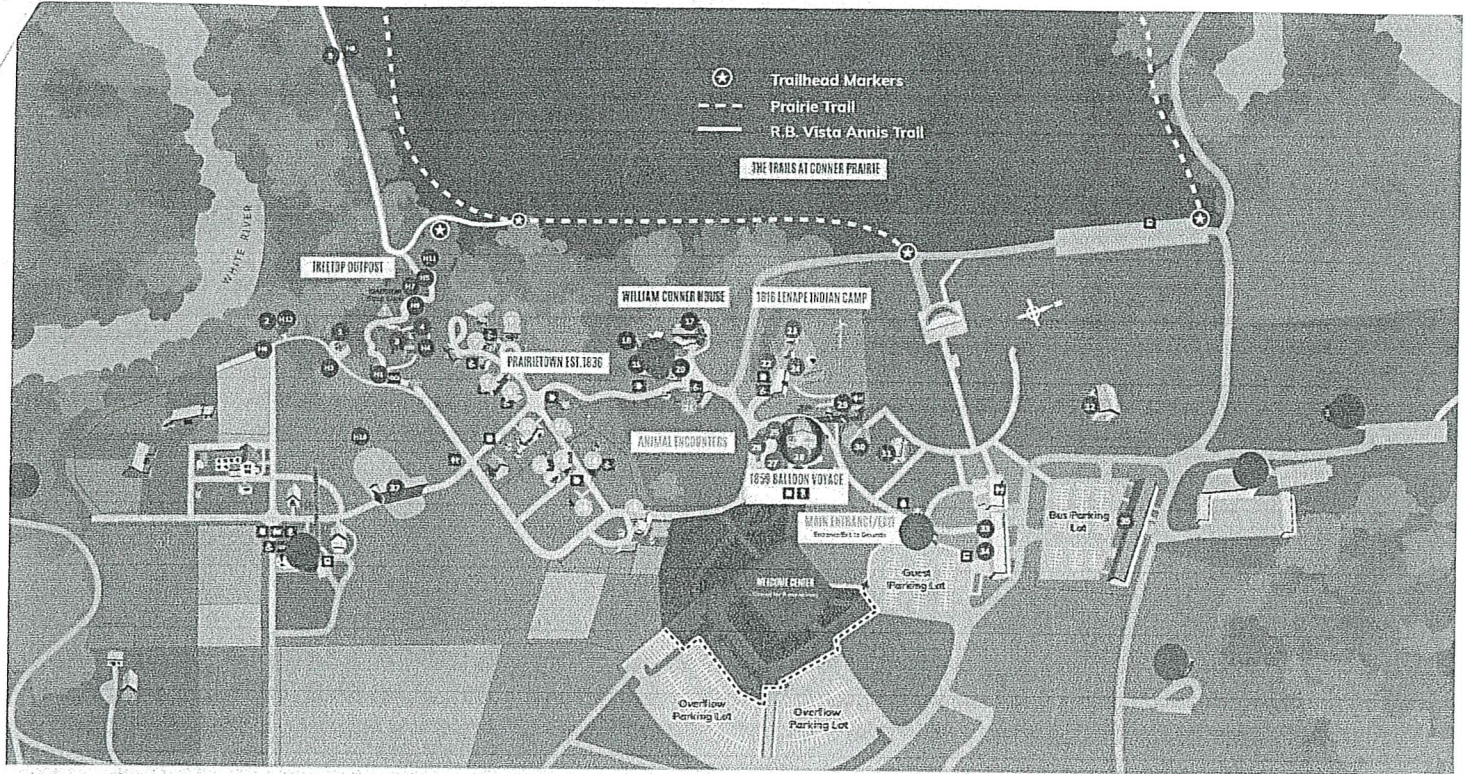


THE THREE MINUTE RESPONSE PLAN FOR AED LOCATION

AT CONNER PRAIRIE

CURRENT LOCATIONS OF THE AED'S: (8)

- Shen Ho Shi/ Bluffs—IN THE STORAGE ROOM IMMEDIATELY SOUTH OF Shen Ho Shi RESTROOMS
- EMT CART
- RIVER CROSSING—BY THE WEST WALL NEAR THE GIFT SHOP
- NECESSARY—INSIDE THE BREAKROOM ON NORTH WALL NEXT TO BENCH
- PRAIRIE HOUSE—BY THE KITCHEN WEST WALL
- PRESIDENT'S HOUSE—BY THE KITCHEN WEST WALL
- RIVER ROAD/ Coverdale—IN HALLWAY BY THE COPIER
- (1) in storage at Facilities



Treetop Outpost**

Adventure is calling. Come connect with the natural materials in the world around you. Borrow an Adventure Backpack and explore the Nature Walk.

1. Nature Amphitheater
2. River Lookout
3. Treetop House
4. Fort Hoosier
5. Prairie Overlook

Step into the hustle and bustle of a thriving pioneer town.

6. Blacksmith Shop*
7. Curtis' Home*
8. Whitaker's Store*
9. Schoolhouse*
10. Dr. Campbell's Office & Home
11. Turner's Home
12. McClure's Home*
13. Carpenter Shop*
14. Baker Brother's Pottery Shop*
15. Golden Eagle Inn
16. Quinn's Cabin*

William Conner House

Explore the lives of the Conner family and find out how their story mirrors Indiana's transition from territory to state.

17. William Conner House***
18. Spring House
19. Loom House*
20. Hairloom Garden

Animal Encounters

Learn about historical breeds of livestock and our important role in preserving them.

21. Animal Encounters*

1816 Lenape Indian Camp

Learn the culture and language of the Lenape (Delaware) who lived along the White River in the late 18th and early 19th centuries.

22. Trading Post*
23. Bark House (Hikshikaron)
24. Lifeways Cabin

1859 Balloon Voyage

25. Balloon Kiosk
26. 1859 Balloon Voyage Exhibit
27. Cold on the Common
28. 1859 Balloon Voyage Ride

Other

29. Featherston Barn
30. Ag Adventures at Estridge Family Park
31. Designated Picnic Area
32. Hilltop Picnic Shelter
33. Bays Pavilion
34. The Apple Store Open Sept. - Oct.
35. Trades Studio
36. Prairie House
37. Covered Bridge*
38. River Crossing

Habitat

- H1. Intro Panel
- H2. Homes
- H3. Bug BSB (art by Scott The Artist)
- H4. Key to the Forest
- H5. Life Underground
- H6. Blomes
- H7. Nests
- H8. Habitat of Flight (art by Scott Shoemaker)
- H9. Dead Wood is Life
- H10. Sign of the Dragonfly (art by Lisa Elliott)
- H11. Meadows & Monarchs
- H12. Foundations of the Sea

- Restrooms
- Conner Prairie Store Tent
- Food & Beverage
- Accessible Buildings
- Quiet Spot
- Baby's Room (upon request)
- Shady Spot
- Tram Drop-off & Pick-up

* Historic Building ADA Accessible Areas

** Treetop House (2nd Level Accessible)

*** William Conner House (1st Floor Accessible)

School-Related Student Trip Parent Permission Form

Student: _____ Trip Destination/Location: Conner Prairie
 School: Mann Elem. Class/Activity/Team: 5th Grade

Times Departure Date: <u>April 24, 2026</u> Time: <u>8:00</u> <u>AM</u> <u>PM</u> Return Date: <u>April 24, 2026</u> Time: <u>5:45</u> <u>AM</u> <u>PM</u>		Cost Student Fee: \$ _____ Adult Fee: \$ _____ Due Date: _____	Transportation District Bus/Van <input type="checkbox"/> Charter Bus <input checked="" type="checkbox"/> Other <input type="checkbox"/> _____
Meals	At school prior to departure <input type="checkbox"/>	Student Packed <input checked="" type="checkbox"/>	School Cafeteria Packed <input checked="" type="checkbox"/>
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	Name & Location: _____ Name & Location: _____	
Over Night	Date: _____	Lodging: _____	
	Date: _____	Lodging: _____	

Julie Johns
 Teacher/Sponsor/Coach Signature

C. Cregger
 Principal Signature

My Child, _____ has permission to participate in this school trip.

All District and school policies shall be followed on this trip including chaperone assignments for both day and overnight trips, adult/student ratios, transportation guidelines, and behavior expectations/dress codes as outlined in the District's Code of Conduct and Expected Behavior. An event-specific emergency action plan has been developed to use in the event of a medical emergency, which may include the provision of a portable AED.

If the Board determines that world, national, or local events pose a potential threat to student safety, student trips shall be cancelled. In such a cancellation, the Board shall not authorize the use of District or building funds to reimburse any expenses not covered by cancellation insurance. All losses will be assumed by the parent/guardian. Please initial to indicate that you have read and understand the conditions of this clause. _____ (Parent/guardian Initials)

☐ If checked, it is recommended that the parent/guardian secure cancellation insurance. Information attached.

Should there develop a medical emergency that requires attention beyond first aid, every attempt will be made to contact the parent or guardian via the numbers listed below. However, in circumstances where timing is critical and/or communication problems develop, a student's life could be threatened by lack of medical attention. To avoid circumstances of this nature, please complete the following statement:

In cases of a medical emergency, as deemed by a physician and according to the procedures described above, I, as the parent/legal guardian, do hereby give my consent for the administration of medical treatment, including dental, medicines, inoculation, and/or surgical procedures deemed necessary to my child's health and safety.

Home Phone: _____ Address: _____

Mom (work): _____ (cell): _____ Dad (work): _____ (cell): _____

Family Doctor: _____ Phone: _____ Hospitalization Card #: _____

Name of Medical Insurance Carrier: _____

Allergies and/or reactions to drugs: _____

Medications currently taking: _____

Medications needed on this trip: _____

Who will be administering these medications? _____

Parent/Guardian Signature: _____

ALL MEDICATIONS NEEDED ON THIS TRIP REQUIRE A BOONE COUNTY ADMINISTRATION OF MEDICATION FORM TO BE ON FILE AT THE SCHOOL.

Failure to provide complete, signed form will exclude the student from participating.
 Phone permission will not be accepted. Please review the student and chaperone tips on the back of this form with your student.

(OFFICE USE – NURSE INITIALS – For Review of Completed Parent Signed Permission Slip _____)

School-Related Student Trip Parent Permission Form

STUDENT TIPS:

- Be focused on education during classroom trips
- Be focused on the team during activity/athletic trips
- Listen to adults
- Stay with your assigned group
- Use sidewalks
- Walk on left facing traffic
- Obey signals and use crosswalks
- No valuables/electronic devices
- Make sure cell phones are turned off – same as in school
- Use good manners, follow all rules, and respect all
- Stay seated and quiet on buses/vans

CHAPERONE TIPS:

- Allow time to have required background check prior to the trip as all chaperones must be pre-approved to participate in school trips
- No siblings may participate
- Follow the provided agenda
- Always stay with your assigned group
- Maintain a head count of your student group getting off and on buses/vans
- Spread out among students
- Medical and other issues are confidential
- No smoking
- Report on time to arranged meeting places
- Monitor restroom visits
- Follow all rules of the site
- Supervise students
- Observe traffic signals and use crosswalks
- Monitor bus/van behavior
- Set cell phone to vibrate and limit cell phone use to emergency only
- Be aware of hazards
- Support teacher by supporting assignments that need to be completed
- Review and keep copy of Emergency Action Plan

Review/Revised: 11/09/23

Nutrition On The Go!



(Please choose one)

Turkey/Cheese Sandwich _____

Any Timer Box _____

**All above choices come with apple slices,
carroteenies with ranch dip, goldfish, milk.**

Student's Name: _____

Grade: _____

Teacher: _____

Lunch Acct. Number: _____