

## FIELD TRIP NOTIFICATION FORM

Please send to MDE: FAX 517-373-4022 or email [mde-sfsp@michigan.gov](mailto:mde-sfsp@michigan.gov), before the field trip. Approval of this request is contingent upon compliance with applicable federal regulations. Michigan Department of Education must receive this request form **not less than 24-hours** prior to the proposed implementation of the requested change(s). Requests that are not received in compliance with the 24-hour time frame mentioned above are subject to denial. Unless prior notice is given, sites are expected to operate at the approved time and location. Meals served on field trips can be reimbursed if they fully meet the meal pattern requirements. **KEEP A COPY OF THIS FORM FOR YOUR RECORDS.**

Name of Sponsor \_\_\_\_\_ Agreement # \_\_\_\_\_

Date	Site Name	Meal(s) To Be Taken Off Site				Number Of Children	Meal Service at Regular Site Also?		Name & Address Where Meals Will Be Taken.
		B	L	Sn	S		Y	N	

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**DIRECTIONS:** **Date** - Enter date of field trip. **Site Name** - Enter name of site going on field trip. **Meals Taken Off Site** - Indicate whether the off site meal is Breakfast, Lunch, Snack or Supper. **Number of Children** - Enter the number of children going on field trip. **Service at Regular Site** - Indicate whether or not meals will also be served at the site during the requested field trip by circling **Y(es)** or **N(o)**.

**CERTIFICATION:** In requesting permission for the above Meals to be taken **OFF-SITE**, I certify that all SFSP rules will be applied to all meals taken off site including complete meals being served during the approved time frames and a point of service meal count will be taken.

Signature: \_\_\_\_\_

Date \_\_\_\_\_