



Office for Prekindergarten through Grade 12 Education
Child Nutrition Program Administration / Summer Food Service Program
89 Washington Avenue, 375 EBA, Albany, NY 12234
Tel (518) 486-1086 Fax (518) 474-9920
Web address www.portal.nysed.gov

FIELD TRIP NOTIFICATION FORM

Please notify SED at a minimum 48 hours before the trip is to take place.

Please complete all sections:

Sponsor Name: _____

Sponsor LEA Code: _____

Site Name: _____

Site LEA Code: _____

Date of Trip: _____

Field Trip Destination: _____

Destination Address: _____

Time of Departure from site: _____

Time of Return to site: _____

Number of Children Attending Trip: _____

Meals Served at Trip Site: Breakfast Lunch Dinner Snack

Meals Service Times(s): _____

How are meals being transported to trip site? _____

Will all children be attending this trip? Y N

If no, will you be serving children at the normal site? Y N

By checking this box I hereby assure that:

1. Only meals served to eligible children will be claimed for reimbursement
2. All meals will meet meal pattern requirements
3. All meals will be properly supervised
4. Safe food handling procedures will be implemented during transportation and service of meals

Authorized Representative Name _____

Print/Type

Authorized Representative Title _____

Print/Type

Please Fax to 518-474-9920