THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234



Office of P-20 Education Policy
Child Nutrition Program Administration / Summer Food Service Program
89 Washington Avenue, 375 EBA, Albany, NY 12234
Tel (518) 486-1086 Fax (518) 474-9920
www.cn.nysed.gov

Attachment 24

FIELD TRIP NOTIFICATION FORM

Field trip notification can also be made online once your program has been approved.

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

lease complete all sections:	
ponsor Name:	
ponsor LEA Code:	
ite Name:	
ite LEA Code:	
Pate of Trip:	
ield Trip Destination:	
Destination Address:	
ime of Departure from site:	
ime of Return to site:	
Tumber of Children Attending Trip:	
Meals Served at Trip Site: Breakfast Lunch Dinner Snack	
Meals Service Times(s):	
low are meals being transported to trip site?	
Vill all children be attending this trip? Y N	
no, will you be serving children at the normal site? Y N	
y checking this box I hereby assure that: Only meals served to eligible children will be claimed for reimbursement. All meals will meet meal pattern requirements. All meals will be properly supervised. Safe food handling procedures will be implemented during transportation service of meals	and
Authorized Representative NamePrint/Type	
authorized Representative Title	
Print/Type	

Please Fax to 518-474-9920