

MARK E. KURZ
Principal
MICHAEL S. SISLOWSKI
Assistant Principal
KATHLEEN A. SUVAK
School Counselor
LINDSEY AMBROSIA
School Counselor

Olmsted Falls City Schools
Olmsted Falls Middle School

27045 BAGLEY ROAD
OLMSTED FALLS, OHIO 44138-1898

(440) 427-6200
FAX (440) 427-6210

www.ofcs.net



**OLMSTED FALLS MIDDLE SCHOOL
FIELD TRIP BOXED LUNCH REQUEST FORM**

FIELD TRIP: Playhouse Square Center – A Secret Garden

GRADE: 7th Grade

DATE OF FIELD TRIP: Wednesday, October 7, 2015

STUDENT'S NAME (please print): _____

Your child may pack his/her own lunch or purchase a box lunch from our cafeteria for \$2.85. Please indicate on the permission form below which option you are choosing for lunch. If your child participates in the free and/or reduced lunch plan and will be purchasing a box lunch, please indicate that below as well.

If purchasing a box lunch from the cafeteria, enclose your form and money in an envelope marked with your child's name, and take it directly to cafeteria personnel.

_____ **My child will purchase a box lunch from the cafeteria**

- My child is on the reduced lunch plan (cost \$.40)**
- My child is on the free lunch plan (no cost)**

Signature of Parent/Guardian

**Return directly to the cafeteria at least one day
before scheduled trip. Thank you.**