Team Nutrition School Enrollment Form



TITLE S TOTAL ENROLLMENT G SCHOOL DISTRICT S SCHOOL ADDRESS CITY	AST NAME
TITLE S TOTAL ENROLLMENT G SCHOOL DISTRICT S SCHOOL ADDRESS CITY	SCHOOL'S NAME
SCHOOL DISTRICT S SCHOOL ADDRESS	SCHOOL COUNTY
SCHOOL ADDRESS	STATE ZIP CODE
CITY	STATE ZIP CODE
CITY	STATE ZIP CODE
TELEPHONE ()	_ FAX ()
E-MAIL ADDRESS	
Please check one or more of the appropriate grade ranges:	
□ P (PRESCHOOL) PRE-K □ E (ELEMENTARY) K-5	5/6 🗆 M (MIDDLE) 6/7-8 🗆 H (HIGH) 9-12
 We agree to: Support USDA's Team Nutrition goal and values. Demonstrate a commitment to help students meet the Dietary Guidelines for Americans. Designate a Team Nutrition School Leader who will establish a school team. Distribute Team Nutrition materials to teachers, students and parents. We certify our school does not have any outstar or significant program violations in our school networks. 	
SCHOOL PRINCIPAL, PRINTED NAME	SCHOOL FOOD SERVICE MANAGER, PRINTED NAME
SIGNATURE	SIGNATURE
DATE	DATE

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0524). Do not return the completed form to this address.