

Team Nutrition School Enrollment Form



Our Team Nutrition School Leader is:

- Ms. Mrs.
 Mr. Other

FIRST NAME _____ LAST NAME _____

TITLE _____ SCHOOL'S NAME _____

TOTAL ENROLLMENT _____ GRADES TAUGHT _____

SCHOOL DISTRICT _____ SCHOOL COUNTY _____

SCHOOL ADDRESS _____

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-5/6 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.
- Involve teachers, students, parents, food service personnel, and the community in interactive and entertaining nutrition education activities.
- Participate in the National School Lunch Program.
- Demonstrate a well-run Child Nutrition Program.
- Share successful strategies and programs with other schools.

We certify our school does not have any outstanding overclaims or significant program violations in our school meals programs.

SCHOOL PRINCIPAL, PRINTED NAME

SCHOOL FOOD SERVICE MANAGER, PRINTED NAME

SIGNATURE

SIGNATURE

DATE

DATE