

Team Nutrition School Enrollment Form



Our Team Nutrition School Leader is:

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, foodservice 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

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.