OMB Control No.: 0584-0524 Expiration Date: 04/30/2013

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 range	s:		
□ P (PRESCHOOL) PRE-K □ E (ELEMENTARY) F	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. 	personnel, and the entertaining nution • Participate in the • Demonstrate as	 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 outst or significant program violations in our school			
SCHOOL PRINCIPAL, PRINTED NAME	SCHOOL FOOD	SERVICE MANAGER, PRINTED NAME	
SIGNATURE	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.