

# 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

**Please submit this form to:  
Office of Child Nutrition and School Health,  
700 East Fifth St. Suite 109 Carson City, NV 89701**