

ATTACHMENT C

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

# Team Nutrition School Enrollment Form



**Our Team Nutrition School Leader is:**

FIRST NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
TOTAL ENROLLMENT \_\_\_\_\_  
SCHOOL DISTRICT \_\_\_\_\_

LAST NAME \_\_\_\_\_  
SCHOOL'S NAME \_\_\_\_\_  
GRADES TAUGHT | \_\_\_\_\_  
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

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

Public reporting burden for this collection of information is estimated to average 5 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.