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OMB Control No: 0584-XXXX

 Expiration date: XX/XX/XXXX

 Fall 2014

Student: <StudentFirstName> <StudentLastName>

Student of <TeacherLastName><TeacherFirstInitial>

<Classroom Name>

<School>

Dear Student:

We would like to learn more about the foods at your school, which ones you like and don’t like, and what you think about the fruit and vegetable snacks at school.

We are asking students in a few classrooms to fill out a short survey about fruits and vegetables they eat during the school day. This is voluntary.

We will also ask a few students to fill out a simple food diary and be interviewed about food they eat in school. This is also voluntary.

If you decide not to take part in the study, nothing will happen to you. Your parents know that you might take part in this study.

Please print and write your name below if you would like to take part in the study. If you do not want to take part, do not print or write your name.

Thank you.

Rhoda Cohen

**PRINT STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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