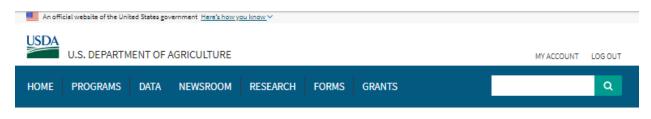
Appendix_10_Online FNS 891_Team Nutrition School



Create School

OMB Control Number: 0584-XXXX Expiration Date: XXXX-XX-XX

OMB BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection 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.

Meals Program (Select the USDA's School Meals Program(s) that your school participates in (select all that applies))

- National School Lunch Program (NSLP)
- □ School Breakfast Program (SBP)
- Fresh Fruit & Vegetable Program (FFVP)
- □ Special Milk Program (SMP)
- Afterschool Snacks
- Seamless Summer Option (SSO)

School Information

| SCHOOL NAME |
|-----------------------|
| STREET ADDRESS |
| STREET ADDRESS LINE 2 |
| CITY |
| DISTRICT |
| COUNTY |
| STATE |

ZIP CODE

SCHOOL PHONE

TOTAL ENROLLMENT

SCHOOL WEBSITE (http://www.example.com)

School Type

- □ Elementary
- Middle
- □ High
- Charter
- □ Other

Grade Levels

- Pre-K
- □ Kindergarten
- Grade 1
- Grade 2
- Grade 3
- Grade 4
- Grade 5
- Grade 6
- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12

Team Nutrition Information

| TEAM NUTRITION LEADER NAME | |
|---------------------------------|--|
| | |
| TEAM NUTRITION LEADER PHONE | |
| SCHOOL PRINCIPAL NAME | |
| SCHOOL PRINCIPAL EMAIL | |
| CAFETERIA MANAGER NAME | |
| CAFETERIA MANAGER EMAIL ADDRESS | |

WELLNESS COORDINATOR NAME WELLNESS COORDINATOR EMAIL ADDRESS

Close School

Close

LEGACY URL (Temporary field to be used for Migration audit.)

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