Rio Grande City C.I.S.D.
Child Nutrition Program

AFTER SCHOOL MEAL PROGRAM REQUEST

Request must be submitted a minimum of ONE WEEK prior to date of service in order to be honored.

School Name: _____ **Date of Request:** _____

Principal: _____

Program Name: _____

# of Participants: _____

Starting Date: _____**Ending Date:** _____

Days of Service: _____
(i.e. Mon-Thur, Mon & Wed only, etc.)

Contact Person: _____ **Phone #:** _____

Program must include an enrichment activity in order to receive program meals – please describe below. All students present on campus at the time that the activity is taking place are eligible to receive a meal.

Description of After-school Program: _____

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For Child Nutrition Program Use Only:

Approved By: _____ Date: _____