

School Name: \_\_\_\_\_  
Principal: \_\_\_\_\_  
Date: \_\_\_\_\_

**Allow 2 weeks advance notice for processing of request.**



## \*SATURDAY MEAL REQUEST 2021 - 2022

- \* Note:** 1) Principal and/or Designee are required to attend **Civil Rights** training prior to implementation of request.
- 2) All lines must be completed w/the required information. An incomplete request will delay processing.

Date of Teachers/Coordinators Training: \_\_\_\_\_ Phone #: \_\_\_\_\_

Program Name: \_\_\_\_\_ Grade/s: \_\_\_\_\_ # of Students: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Days of Service: \_\_\_\_\_

*(i.e. Attach calender, MWF, Sat 8/17, 24, &31, Etc.)*

**Meals**

- Breakfast Snack
- Lunch

**Serving Time:**

*30 Minute Window*

\_\_\_\_\_  
\_\_\_\_\_

Description of Saturday Enrichment Program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*If activity will be cancelled please provide 48 hour notice

**For Office Use Only:**

Date Approved: _____	Name of Contact: _____
Approved By: _____	Phone #: _____
Initial Visit: _____	Position of Contact: _____
Follow-up Visit: _____	Visited By: _____
	Visited By: _____

\*Allowable for Academic Programs