Sharyland ISD
CNP Department

School Name: _____
Principal: _____
Date: _____

CACFP At risk -Afterschool Meal Program Request

2023-2024

***NOTE: 1) Prior to receiving approval for the program, principals and/or designee are required to complete CACFP & Civil Rights training.**
2) All lines must be completed w/the required information. An incomplete request will delay processing.

Date of Principal or Designee Training: _____

Program name: _____ Grade: _____ # In the Program: _____

Starting date: _____ Ending date: _____

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

Description of At Risk Meal Program: _____

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