Dear Provider, School Year 2011-2012

As we approach the beginning of a new school year, we need school information for all children participating on the food program. Please complete the following information and return this form to the office by August 20th 2010. Thank you.

Provider Name:_____

Child Name	*Grade level/ School type	School District	School Name	**School Attend Days	School Depart time	School Return time
Sample Child	Grade 3/A track	Salt Lake	Beehive	M,T,W,Th,F	8:20 am	3:20 pm

***Grade level/school type**
Choose from one of the following:
School, Home school, Year-round school/track (A,B,C,D),
AM Headstart, PM Headstart, AM Kindergarten,
PM Kindergarten, All Day Kindergarten, All Day Headstart

****School attend days**
Indicate the day(s) of week child attends
M, T, W, Th, F

This institution is an equal opportunity provider.