LA JOYA INDEPENDENT SCHOOL DISTRICT
Child Nutrition Services

AFTER SCHOOL SNACK PROGRAM REQUEST

Request must be submitted 5 days prior to date of service to be honored.

School Name: _____ **Date:** _____

Principal: _____

Program Name: _____

# of Participants: _____

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

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

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

Description of After-school Program: _____

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For Child Nutrition Services Use Only:

Approved By: _____ Date: _____