

# Cleveland Metropolitan School District School Nutrition Afterschool Snack Application

Please fill out **all fields** on this form.  
Please send **roster** of participating students when sending this form.

Name of School \_\_\_\_\_

Name of Program \_\_\_\_\_

Program Administrator \_\_\_\_\_ Phone number \_\_\_\_\_

Site Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_

Department \_\_\_\_\_ Mailing Address \_\_\_\_\_

Program start date \_\_\_\_\_ Program end date \_\_\_\_\_

Will the program be held on a Saturday?      YES      NO

	Monday	Tuesday	Wednesday	Thursday	Friday	*Saturday
Start – End Times:						
Number of students:						

**(Must fill start to end hours each day the program holds)**  
**(Must send roster containing names and ID numbers of participating students)**

\*Saturday snacks are not reimbursable. Please provide a fund and budget number below:

\_\_\_\_\_

Is the site active in the National School Lunch Program?	YES	NO
Are there regularly scheduled activities supervised to include educational or enrichment activities?	YES	NO
Is the program open to all children?	YES	NO

If the answer is NO to any of these questions, a snack program may not start until proper approval is granted.

**Please send this form and roster to Anu Soniyi at School Nutrition [Anu.Soniyi@clevelandmetroschools.org](mailto:Anu.Soniyi@clevelandmetroschools.org)**  
**Please allow at least 1 week for approval**

\_\_\_\_\_  
Program Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Accounting Manager

\_\_\_\_\_  
Date