



Donna Independent School District
After School Snack Program Request

Request must be submitted 10 days prior to date of service to be honored.

School Name _____ **Date** _____

Principal: _____

Program Name: _____

of Participants _____

Start Date: _____ **Ending Date:** _____

Days of service: _____

(Example: Mon-Thurs., Mon ONLY, Tues -Wed., etc)

Contact Person: _____ **Phone # 956-** _____

Description of After School Program

Approved by: _____
For Child Nutrition Service Use ONLY.

Date: _____