

IRVING INDEPENDENT SCHOOL DISTRICT
Food & Nutrition Services Department
CACPF After School Meal Request Form SY 2023 - 2024

Campus:

Start Date:
m/d/yy

End Date:
m/d/yy

Contact Person HOSTING the program:

Contact Person email:

Contact Person phone number:

Days of the week the program will meet (check):

Monday

Tuesday

Wednesday

Thursday

Friday

In the space below, provide a DETAILED description of the enrichment program you are offering. The description of the program must include all student enrichment activities such as tutoring, homework help, physical development and training, etc.

What time does the after-school program begin?
ex: 3:30 pm

NOTE:

Elementary & Secondary meal is a power snack.

Submit requests at least 2 weeks in advance. All programs must be submitted to TDA and approved before service can begin.

A "Daily Meal Count & Attendance" form will be sent to you once we have received your request. This form will need to be filled out with each participating students first and last name and their age then returned.

NOTIFY the cafeteria Manager if a class will be canceled.

We ask that the teacher hosting the program notify the cashier name(s) of student(s) in attendance but declining a meal. Attendance is a TDA requirement.

Submit completed request form to llachance@irvingisd.net OR Click here to submit this completed form: