

Fairfield-Suisun Unified School District
Classroom/School Event Food Approval Form



Please submit this form to the Child Nutrition Services department for approval at least 2 weeks prior to your event – *email: elizak@fsusd.org*

Keep on file at school site for compliance.

Today's date: _____ School: _____

Classroom/School Event:

Title and Date of Event: _____

Requestor's Name: _____

Requestor's Phone: _____

Teacher/Advisors Name and Classroom:

List all items and attach the nutrition label and ingredient list.

FOR CNS OFFICE USE ONLY

___ APPROVED _____ DATE: _____

___ DENIED _____ DATE: _____