

# *After School Snack Program*

*2017 - 2018 sy*

## *Request*

Form MUST be submitted 2 weeks prior to your starting date for approval.

Email Form to: [msguerra@gisd.k12.nm.us](mailto:msguerra@gisd.k12.nm.us) or [margon@gisd.k12.nm.us](mailto:margon@gisd.k12.nm.us)



School Site: \_\_\_\_\_

Program Name: \_\_\_\_\_

Description of Program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person/ Teacher in Charge(email and Phone #)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Days of Week: *(m-f/m,w,f/tue,thur etc)* \_\_\_\_\_

# of Students: \_\_\_\_\_