

(Inclosure to Department Memorandum No. 134, s. 1976)

DEC SCHOOL NUTRITION PROGRAM

SCHOOL DATA

1. Name of School _____
Address _____

2. Principal/Head Teacher _____

3. Nutrition Program Coordinator (SARE/CRS) _____

4. Enrollment:	<u>GIRLS</u>	<u>BOYS</u>	<u>TOTAL</u>
Kindergarten	_____	_____	_____
Grade I	_____	_____	_____
Grade II	_____	_____	_____
Grade III	_____	_____	_____
Grade IV	_____	_____	_____
TOTAL	_____	_____	_____

5. Distance _____ kms. from Municipal Building

6. Accessibility of road to school from main street or highway:

(Please check which is correct)

_____ good for all vehicles
_____ good for trucks/jeeps only
_____ difficult for trucks/jeeps or
specify best means of reaching school

7. School facilities:

a) Home Economics Building: _____ Good _____ Needs repair
b) Ovenette _____ Location _____
c) Water supply (Specify source and location) _____
d) Other facilities _____

8. Is there a commercial bakery? _____ Location _____
Distance from school _____ Meters/kilometers

9. Source of local products:	Total Area	Main Crops Produced
School garden	_____	_____
Home gardens	_____	_____
Community garden	_____	_____

10. Date when school children was last dewormed _____

Submitted by:

School Head

Date