



## **BC School Fruit and Vegetable Nutritional Program Application Form**

### **September Intake**

**Application Forms for September entry must be received by: 5:00 pm, April 1<sup>st</sup>**

#### **School Administration:**

School District Number (ie: SD 36): \_\_\_\_\_

Official School **Full Name:** \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Language (ie: English/French/French Immersion): \_\_\_\_\_

Grade levels in your school: Grade \_\_\_\_\_ to \_\_\_\_\_  
(Program Requirement: minimum Age 4, Kindergarten to Grade 12). Please note, +80% of your class must be Age 4+. Strong Start may be included if the classroom is located within the school building)

#### **Physical Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

Postal: \_\_\_\_\_

#### **Mailing Address:** (if different from above):

Street: \_\_\_\_\_

City: \_\_\_\_\_

Postal: \_\_\_\_\_

Principal's name: \_\_\_\_\_

Principal's email address: \_\_\_\_\_

**Principal's signature:** \_\_\_\_\_

**Yes; I have read and understood the above requirements and wish to apply.**

## Program Coordinator Details:

Coordinator Name: \_\_\_\_\_

Coordinator Email Address: \_\_\_\_\_

Coordinator Phone Number: \_\_\_\_\_

Coordinator mobile/home Phone Number (Optional): \_\_\_\_\_

*\*Coordinators will be emailed all notices, fruit & vegetable information, delivery alerts, policy notices, and program information.*

FOODSAFE Level 1 Certified Designate Name: \_\_\_\_\_

FOODSAFE Level 1 Certified Designate Email: \_\_\_\_\_

**(A copy of a valid FOODSAFE Level 1 certificate must be attached in order to complete the application process)**

## School Details:

We are a September to June School

We are a 12 month year round school

We are a small satellite school, the name of our affiliate school is: \_\_\_\_\_

We are a 4 day/week school & our closed day is: \_\_\_\_\_

As a 4 day school, if a stat holiday is on a Monday our school will be in session

Tuesday to Thursday

Tuesday to Friday

We are a First Nations School

Number of Staff & Teachers: \_\_\_\_\_

Number of Students: \_\_\_\_\_

Number of Classrooms: \_\_\_\_\_

Number of washrooms & kitchens: \_\_\_\_\_

School WEB site address: \_\_\_\_\_

**+Milk Enrollment** (120ml cups of milk will be delivered with the fruit and vegetable order)

Enroll

Decline Enrollment

*The fields below are required **only** if you choose to enroll in +Milk.*

Number of K-5 Students: \_\_\_\_\_

## Contact Details (if different from SFVNP Coordinator):

Coordinator Name: \_\_\_\_\_

Coordinator Email Address: \_\_\_\_\_

Coordinator Phone Number: \_\_\_\_\_

Coordinator mobile/home Phone Number (Optional): \_\_\_\_\_

*\*Coordinators will be emailed all notices, fruit & vegetable information, delivery alerts, policy notices, and program information.*

## Application deadline:

Please return this form no later than 5:00 p.m. April 1<sup>th</sup>. Please keep a copy of this form for your records, **then fax or email** to the BCAITC Program office, **then mail** the original to:

BC School Fruit and Vegetable Nutritional Program  
c/o **BC Agriculture in the Classroom Foundation**  
Abbotsford Agriculture Centre  
1767 Angus Campbell Road Abbotsford, BC V3G 2M3  
Toll free Fax: 1.877-825-6068  
Email: info@aitc.ca

**Selected schools will be contacted by the first week of May**

**Thank you for your application**