



Nutrition and Wellness Services

Fundraising & Competitive Foods

Approval Form

2024 - 2025

***Please attach nutrition facts for each food/beverage to be reviewed for approval. If the nutrition facts are not attached, the items will not be approved.**

School: _____

Submitted by (name and title): _____

Submission Date: _____

Location of Event (s): _____

Date of Event(s): _____ ☐ One Time Event ☐ Recurring Event

Time of Event(s): _____ Type of Event(s): _____

Sold by: ☐ Parents ☐ Students

Type of Product: ☐ Food ☐ Beverage ☐ Both

Items for Review

Item #1: _____		
Size/Quantity: _____	☐ Approved	☐ Not Approved Reason: _____

Item #2: _____		
Size/Quantity: _____	☐ Approved	☐ Not Approved Reason: _____

Item #3: _____		
Size/Quantity: _____	☐ Approved	☐ Not Approved Reason: _____

Item #4: _____				
Size/Quantity: ☐ Approved ☐ Not Approved Reason: _____				

Item #5: _____				
Size/Quantity: ☐ Approved ☐ Not Approved Reason: _____				

Item #6: _____				
Size/Quantity: ☐ Approved ☐ Not Approved Reason: _____				

Item #7: _____				
Size/Quantity: ☐ Approved ☐ Not Approved Reason: _____				

Item #8: _____				
Size/Quantity: ☐ Approved ☐ Not Approved Reason: _____				

Comments: _____

Submit form to:
 Nutrition and Wellness Services
 Attn: Lissette Rooney
lissette_rooney@lawndalesd.net
 Ext. 50048

For Nutrition and Wellness Services Use Only

Received Date: _____ Received By: _____

Reviewed By: _____ Signature: _____

☐ All Approved

☐ Some Approved

☐ Not Approved