San Pasqual
- Union School District -

# Food Approval Request Form

*Aligned with USDA Smart Snacks in School Guidelines*

**Purpose:**
To ensure all food brought on campus complies with our district's Wellness Policy and USDA Smart Snacks in School standards, this form must be completed **at least one week** prior to the event and turned into the office. Please also confirm that you have communicated with your child's teacher regarding your plans.

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## Section 1: Parent/Student Information

- **Parent/Guardian Name: _____**
- **Email Address: _____**
- **Phone Number (optional): _____**
- **Student Name: _____**
- **Student Grade/Classroom Teacher: _____**

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## Section 2: Event/Activity

- **Description:** ⬜Birthday ⬜Class Party ⬜Other:_____
- **Date of Event: _____**
- **Time of Event: _____**
- **Location (Classroom/Space): _____**

*Homemade foods cannot be evaluated and therefore cannot be served during the school day. Foods that do not meet Smart Snack standards may only be served after school hours beginning 30 minutes after the school day.

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## Section 3: Food Item Details

Please reference this list for **approved food items**. You can also find this list on our school website at www.sanpasqualunion.net or request a hard copy from the office.

1. **Is this item on the school's approved Smart Snacks list?**
   - ☐ Yes
   - ☐ No
   - ☐ Not Sure

2. **Food Item Number (from approved list): _____**

3. **Food Item Name: _____**

If the item is not on the approved list, complete questions 4-6.

4. **Nutrition Label Attached?**
   - ☐ Yes (required if not on approved list) ☐ No

5. **Was the USDA Smart Snacks Calculator used?**
   - ☐ Yes (attach results) ☐ No

6. **Smart Snack Compliance (check all that apply):**
   - ☐ First ingredient is a whole grain, fruit, vegetable, dairy, or protein
   - ☐ Calories ≤ 200 (snack item)
   - ☐ Total fat ≤ 35% of calories
   - ☐ Saturated fat < 10% of calories
   - ☐ Sugar ≤ 35% by weight
   - ☐ Sodium ≤ 200 mg

## Section 4: Approval & Notes

- **Approved:** ☐ Yes ☐ No
- **If not approved, reason: _____**
- **Reviewed by (Admin/Wellness Lead): _____**
- **Date Reviewed: _____**

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