

2018-2019 EFNEP NUTRITION EDUCATION PROGRAM REQUEST

Please note that all of our programs are now a series of *SIX* lessons, and 50 percent of students enrolled are receiving free or reduced school lunch. To schedule, list the preferred dates for lessons 1-6 below and mail or email form to address below. Programs are scheduled on a first-come, first-served basis. Kendra will call or e-mail you to confirm dates and times for lessons and/or check-out kits.

Program	Date-Lesson 1	Date-Lesson 2	Date-Lesson 3	Date-Lesson 4	Date-Lesson 5	Date-Lesson 6
We Are What We Eat – Grade 3						
Kids-A-Cookin’ and Movin’ – Grade 4						
	Date of 1 st Choice	Date of 2 nd Choice				
Check-Out Kits Requested: (check-out time is two weeks)						
Name of Kit:						
Name of Kit:						
Name of Kit:						

Please return form by September 28, 2018 to:

Kendra Stover
Shawnee County Extension Office
1740 SW Western
Topeka KS 66604
kstover@ksu.edu, 785-232-0062, ext. 114

Teacher’s Full Name _____ Grade _____
 School _____ Phone/email _____
 School Address _____ City _____ Zip _____

The following information is needed for Extension Civil Rights reports. Estimate as closely as possible if you don’t have final enrollment numbers. We will update your enrollment when we teach your first program.

Total number of students in classroom: _____

Race/Ethnicity	Females	Males	Total
White			
Black			
Hispanic			
American Indian/Alaskan Native			
Asian			
Native Hawaiian/Pacific Islander			
Mixed Race			
TOTALS			

(Form may be downloaded at <http://www.shawnee.ksu.edu>)