

**CHILD AND ADULT CARE FOOD PROGRAM
DOCUMENTATION OF SCHOOL ATTENDANCE AREA
FOR AT-RISK CENTER**

Institution Name _____

Site Name _____

Site Address _____

School Data

a. Name of school _____

b. Name of school district _____

c. County/city _____

d. School attendance area verified by telephone with

Name

on

Date

Signature of Designated Official

Date

Do not send to OSPI. Keep in your permanent files.