

# SITE DETAIL INFORMATION SHEET

Teacher: \_\_\_\_\_ Site: \_\_\_\_\_

Today's Date: \_\_\_\_\_

This is a one-time change  
Date Rescheduled from \_\_\_\_\_ to \_\_\_\_\_

This is a permanent change  
Effective Date of Change \_\_\_\_\_

Time of Session: \_\_\_\_\_  AM  AM  
 PM  PM  
Beginning Ending

Time of:  Meal  AM  AM  
 Snack: \_\_\_\_\_  PM \_\_\_\_\_  PM  
Start Time End Time

Time of:  Meal  AM  AM  
 Snack: \_\_\_\_\_  PM \_\_\_\_\_  PM  
Start Time End Time

Time of:  Meal  AM  AM  
 Snack: \_\_\_\_\_  PM \_\_\_\_\_  PM  
Start Time End Time

Day/Days of Service:  M  T  W  TH  FR

Site Phone Number (required): \_\_\_\_\_

Site Location (physical address): \_\_\_\_\_  
\_\_\_\_\_

Notes:

**Please return this form to your Manager, Program Secretary,  
Nutrition Coordinator and Fiscal Officer.**