Los Angeles Unified School District
Student Health and Human Services & Food Services Branch

Network for a Healthy California—LAUSD

www.healthylausd.net

2008-2009 INTENT TO PARTICIPATE - *SUMMER HARVEST OF THE MONTH* – Page ___ of ___

SCHOOL: _____ LOCATION CODE: _____ PHONE: _____ FAX: _____

LEAD TEACHER: _____ E-MAIL ADDRESS: _____

Directions: Please complete all the information, make a copy of this form, and place the copy with your files and return the original through school mail to the *Network* office. **Reminder:** ***only certificated personnel may log time.***

This form must be received by May 29, 2009. Any forms submitted after this date will not be processed.

Your signature below indicates your commitment to participate in the *Network for a Healthy California—LAUSD* and acceptance of the contract**:** ***I agree to log 12 hours or more of my regular paid assignment toward nutrition education for the period beginning July 1, 2009 and ending August 21, 2009.***

Note:

- **Lead Teacher needs to get a phone confirmation and sign for any off-track teachers who wish to participate for the Summer Harvest of the Month Program during the completion of this application process*.**
- **Any Participant's information that is inaccurate and/or illegibly written will be automatically removed from this Intent to Participate form and will not be able to participate in the program.**

Please complete all information legibly and in ink

#	Participant's Full Name	Employee #	Title	Track	Grade	# students in class	Signature	Phone Confirmation*	Initial Read Roles/Respon

2008 – 2009 INTENT TO PARTICIPATE – *SUMMER HARVEST OF THE MONTH* *(Continued)* **Page ____ of ____**

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Make additional copies of this sheet to continue your list of Participants. Make sure your left column numbering is sequential.