

CLASS REGISTRATION LIST



It is required that the SCICON program take a positive meal attendance count of identified students that are participants in the Child Nutrition Program.

Sixth Grade Teacher: Print or type the names of the students who will be attending SCICON on the Class Registration List found below.

Administrator: Have the authorized person who is responsible for the Child Nutrition Program indicate the meal status for each student and sign the Class Registration List. The form must be sealed in an envelope and returned to the sixth grade classroom teacher before they leave for SCICON. (This is to ensure confidentiality of students' meal status.)

Sixth Grade Teacher: Be sure you have the Class Registration List (**sealed in an envelope**) with your other SCICON forms when you arrive at SCICON.

PLEASE FILL OUT COMPLETELY and in INK. Give to SCICON Secretary when you arrive on campus.

Teacher _____

Week of _____

School _____

Students (Girls)	Free	Paid	Red.	Prov.	Students (Boys)	Free	Paid	Red.	Prov.
1.					1.				
2.					2.				
3.					3.				
4.					4.				
5.					5.				
6.					6.				
7.					7.				
8.					8.				
9.					9.				
10.					10.				
11.					11.				
12.					12.				
13.					13.				
14.					14.				
15.					15.				
16.					16.				
17.					17.				
18.					18.				
19.					19.				
20.					20.				

Number of Girls _____

Number of Boys _____

Our school is on the Provisional Meal Plan* Yes No

Number of students on Free meal status _____

Number of students on Paid meal status _____

Number of students on Reduced meal status _____

*If your school is on the Provisional Meal Plan, please have the Food Service Manager complete the Provisional Meal Plan form and send it with this form.

Authorized Signature _____

Date _____