



Fayette County Public Schools

"Where Excellence and Creativity Merge"

School Nutrition Program

Smart Snack - Request For Approval Form

Please complete this form for items that you wish to sell in accordance with Smart Snack requirements.

School Name: _____

Name of Organization(s) Requesting Approval: _____

Contact Name: _____ Phone: _____

Email: _____

Principal Signature: _____ Date: _____

Description of the Item(s) submitted for approval:

Number of Nutrition Labels attached: _____

Please complete this form, attach Nutrition Labels and submit to:

Fayette County School Nutrition Program
205 LaFayette Drive
Fayetteville, GA 30214
770-460-3535 x.1061

***Please allow 10 Business Days for approval of forms.**

Internal Use Only:

Approved _____ (date approved)

Denied: Non-compliant Other: _____

Signature of Approver: _____ Date: _____

This institution is an equal opportunity provider.