

Notification of School Closure Due to H1N1 Outbreak

If you will be serving reimbursable meals to students during a school closure, this form must be completed and sent to the Nebraska Department of Education - Nutrition Services. Please complete one form for each feeding site (school) that is closed.

All School Food Authorities (SFA) or Community Organizations (CO) must have received prior approval to participate. This form must be received by Nutrition Services prior to meals being served.

School Food Authority/Community Organization : _____

Agreement Number (6 digits): _____

Town: _____

Feeding Site closed: _____

Specific Name of Location where meals will be prepared: _____

Specific Name of Location where meals will be served: _____

Which H1N1 meal(s) will be served (please circle): Breakfast Lunch Snack Supper

Date School Dismissed: _____

Start Date of H1N1 Meal Service: _____

Date School Expects to Reopen: _____

Must Notify Nutrition Services of date when school resumes

Authorized Representative: _____

Email address: _____

Telephone number: _____

Fax Number: 402-471-4407

or

Mailing Address: Nebraska Department of Education
Nutrition Services
P.O. Box 94987
Lincoln, NE 68509