

Common Threads School Application

School Information

School Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone #: _____ Neighborhood: _____

School Type (i.e., Charter, Private, etc.) _____

Contact Information

Principal's Name: _____ School Extension: _____

Principal E-mail: _____ Cell: (optional) _____

Principal Preferred Method of Contact: Phone Email Cell

Assistant Principal's Name: _____ School Extension: _____

Assistant Principal E-mail: _____ Cell: (optional) _____

Assistant Principal Preferred Method of Contact: Phone Email Cell

We recommend selecting a Main Contact other than the Principal. The Main Contact will be responsible for communicating with Common Threads and taking responsibility for all program implementation at the school. A full list of their duties is listed on the Principal Agreement.

Main Contact Name & Title: _____ School Extension: _____

Main Contact E-mail: _____ Cell: (optional) _____

Main Contact Preferred Method of Contact: Phone Email Cell

School Demographic Information:

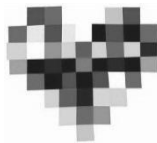
Total number of students: _____ Grade Levels: _____

of students per grade: 3rd _____ 4th _____ 5th _____ # of classrooms per grade: 3rd _____ 4th _____ 5th _____
 6th _____ 7th _____ 8th _____ 6th _____ 7th _____ 8th _____

Percentage of students on free/reduced school lunch program: _____

Are the 3rd, 4th, 5th grade classrooms self-contained or rotating? Circle one.
 Self-Contained _____ Rotating _____ Other, Explain: _____

Are the 6th, 7th, 8th grade classrooms self-contained or rotating? Circle one.
 Self-Contained _____ Rotating _____ Other, Explain: _____



School Facilities:

Kitchen

Does school have a working kitchen that can be in use by a 2-hour after school program? YES / NO

Will the cafeteria be available for the first 30 min. and last 30 min. of the 2 hour program? YES / NO

If an after-care group will share the cafeteria, we ask that they are quiet enough during the first 30 min. for our Chef to conduct the nutrition lesson.

of working ovens: _____ With oven racks? YES / NO

of stovetop burners: _____ 3-Basin sink for dishes? YES / NO Hand-washing sink? YES / NO

Approximate amount of table/prep space: _____square feet

Would the kitchen fit 20 students (including prep areas just outside the kitchen)? YES / NO

Cafeteria Manager's Name: _____ School Extension _____

Cafeteria Manager E-mail: _____ Cell: (optional) _____

Cafeteria Manager Preferred Method of Contact: Phone Email Cell

An inventory list will follow at a later date to detail necessary equipment for use during program.

Garden

Does school have a garden? YES / NO

Was donated by/is maintained by a specific organization (e.g. Kitchen Community, Ed Fund) YES / NO

Please list the Organization: _____

Does your school have a specific teacher/staff member who takes responsibility for the garden YES / NO

School's Garden Champion: _____

How many overall beds are in the garden (or how many plants do you grow)? _____

School Profile

Does your school have a Wellness Champion? YES / NO

If yes, name: _____ email: _____

Are there any other health, wellness, or garden initiatives that are currently going-on at your school? If so, list and describe the programs.

We often work with other school partners to enhance our respective programs through collaboration. Are there any other community partners currently at your school? If so, list and describe the programs.
