

Wellness Policy Reporting Form

School/Facility	County	LEA Agreement #	Principal/Administrator
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Phone: _____ Address: _____

Contact Person Preparing Wellness Policy Form: _____ Phone: _____

Nutrition and Physical Activity Wellness Committee Members – List Members and Category of Representation

Contact Person Name: _____

Parent Name: _____

Student Name: _____

Local Education Agency Name: _____

FSD Name: _____

School Administration Name: _____

Public Community Member Name: _____

Other Staff Name: _____

Other Staff Name: _____