

Appendix B

Sample Covering Letter to Parents/Guardians (attach survey below)

Dear Parent/Guardian,

Our school is considering starting a student nutrition program. We are asking for your input on what kind of program to start; a breakfast, morning meal, snack or lunch program. Healthy food is essential for students' physical, emotional, social and intellectual development. Research has shown that well-nourished students are better able to concentrate more effectively, retain and apply the things they learn and are more likely to show positive social behaviors.

Children use up energy quickly and require frequent nourishment. Our nutrition program will be safe and welcoming, reflective of the values and tastes of our community and follow Canada's Food guide to Healthy Eating. More than 500 schools have student nutrition programs operating in Central Eastern Ontario.

There are many reasons why students participate in nutrition programs, including:

- Long bus rides to school
- Insufficient food in the home
- Hurried morning routines are becoming more common
- Lack of parental supervision at mealtime
- Child is not hungry before leaving for school
- Child likes the social aspects of eating with their friends

We are asking our parents/guardians for assistance in determining the best type of program for our students. Please take a few minutes to complete the attached survey and return it to your child's teacher by _____.

Thank you.

Yours truly,

School Principal

Sample School Nutrition Survey (attach to letter)

_____ School is considering starting a Student Nutrition Program available for all students. We would appreciate your help in determining the best type of program for our students.

Please answer the following questions and return the form to your child's teacher by _____.

1. Do you like the idea of a daily nutrition program available to all students?

_____ Yes _____ No

2. Which is the best program for our students?

_____ Breakfast

_____ Morning Meal

_____ Snack

_____ Lunch

3. How much would you be willing or could you pay, for this program on a **monthly** basis?

_____ \$5.00 _____ \$8.00 _____ \$10.00 Other \$ _____

Note: The program will be open to all students regardless of the family's contribution.

4. Would you be willing to assist the program by volunteering 1-2 hours per week?

_____ Yes _____ No

If you are able to volunteer, please print your name, address and telephone number below.

Your name: _____

Address: _____

Telephone Number(s): _____

Child's Name: _____ Child's Grade: _____

Thank you.