AFTERSCHOOL SNACK PROGRAM (ASP)   SNACK ROSTER

District:_____ **School/Site:**_____ **Program:**_____ **School Year:**_____

Month:_____ **Site Supervisor:**_____ **Signature:**_____

Student Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	For SFA Use Only Eligibility Status	For SFA Use Only Total Count		
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