



PATHWAYS TO A QUALITY FOODSERVICE ENROLLMENT
 DEPARTMENT OF PUBLIC INSTRUCTION
 SFN 53073 (01/11)



Please enroll me in *Pathways to a Quality Foodservice*

Name:		
Home Address:		
City	State	Zip
<input type="checkbox"/> School Name <input type="checkbox"/> Center Name		
School/Center Address:		
City	State	Zip
Do you prefer your mailings to go to your home address or school/center address? <input type="checkbox"/> Home <input type="checkbox"/> School/Center		
You will receive all correspondence about Pathways at the address you checked.		
Home Telephone:		
School/Center Telephone:		
Work Email:	Home Email:	
Position: (Please check only one)		
<input type="checkbox"/> Foodservice Manager	<input type="checkbox"/> Foodservice Specialist	<input type="checkbox"/> Foodservice Assistant
Signature:	Date:	

Please fill out this form completely

Return to: North Dakota Department of Public Instruction
 Child Nutrition and Food Distribution Programs
 600 East Boulevard Avenue Dept. 201
 Bismarck ND 58505-0440

Fax: 701-328-9566