



FOOD AND NUTRITION SERVICES
Fairfax County Public Schools

Notification of Share Table

Date: _____

School name: _____

On behalf of my school, I hereby agree to partake in the Share Table Program at my school starting on _____.

To participate in this program, I agree to the following guidelines:

- Post Food and Nutrition Services (FNS) signage
- Adhere to food sharing guidance outlined on our webpage located [here](#).

Select the options your school chooses to partake in for leftovers:

- Discard of food at the end of the day
- Food Sharing through MOU, located [here](#).
- A different food sharing initiative in another form, ex: backpack program

For questions regarding Share Tables, please contact:

Get2Green - get2green@fcps.edu

Brittany Smith - basmith2@fcps.edu

Your School's Share Table Point of Contact:

Name: _____

Email: _____

Principal's Signature: _____