

Schedule E  
School Year 2026-2027

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Name of School District/Institution:

LEA Number:

Mailing Address:

City:

State:

Zip Code:

Physical Address (if different than mailing address):

City:

State:

Zip Code:

Superintendent:

Superintendent Email:

Superintendent Phone:

Child Nutrition Director:

Child Nutrition Director Email:

Child Nutrition Director Phone: