

Backpack Buddy Program

Parent Release of Information and Permission Form

Dear Parent/Guardian:

We are continuing a program that provides students supplemental food for the weekend. Anyone that is in Kindergarten through Fifth Grade *and* on Free or Reduced-Priced Lunches is eligible. Please disregard this form if you are not interested in the program. If you are interested in this program, please check the following box 'yes' and complete the information needed below:

- Yes. I DO want information from my Free and Reduced-Priced School Meals Application (Or Direct- Certification process, if applicable) shared with the Backpack Buddy Program.

Child's Name: _____ Lunch Number _____ Grade ____ Teacher _____

Child's Name: _____ Lunch Number _____ Grade ____ Teacher _____

Child's Name: _____ Lunch Number _____ Grade ____ Teacher _____

Child's Name: _____ Lunch Number _____ Grade ____ Teacher _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Address: _____

Email Address: _____

Return this form to: **Katelyn Ruiz**
c/o Defiance Holy Cross Catholic School



United Way of
Defiance County

The Backpack Buddy program is sponsored by United Way of Defiance County

******* Application due by ASAP*******