Dear Parent or Guardian,

We are happy to tell you that your student(s) has/ have expressed interest in a program called the St. Andrews Weekly Food Program offered through our school and St. Andrews United Methodist Church. If you choose to participate, he/ she/ they will discretely receive food pack(s) of nutritional items every Friday (or the last school day of the week) during the school year beginning September 10th, 2021 and ending May 20th, 2022.

Because there are limited numbers of food packs for our building and not all students/ families take part in the Weekly Food Program, it is important that participants adhere to the following Program rules:

* **Food packs should not be left in a student’s locker at the end of the school day and should be taken home the same day it is received.**
* **Food packs need to remain sealed in the student’s backpack or in the bag provided while at school and on the bus.**
* **Food from the pack may not be shared with peers at school.**

Please fill out the portion below indicating whether you would like your child to participate in the program or not. If you choose to participate, please turn in the form as soon as possible, as there is a set number of bags available and it is first come, first serve (a waiting room will be created, if necessary). Also, if you choose to participate now, but later during the school year feel that you no longer in need, feel free to let us know. Please be aware that if you choose to decline the program at any time, but later hope to join, you will be placed on a waiting list until food packs become available for your student/ family.

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If you have any questions or concerns, please contact your student’s Guidance Counselor or School Social Worker.

Elizabeth Casey-Social Worker (531) 299-8311 Karina Loder-8th Grade Counselor (531) 299-8264

Mary Feldman-7th Grade Counselor (531) 299-8302 Laura Haynes-6th Grade Counselor (531) 299-8283

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*Return this form to the School Social Worker or your School Counselor.*

I would like my child/ children to participate in the St. Andrews Weekend Food Program.

My child/ children has an allergy to peanut products.

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*Child/ Children’s Names (First & Last)*

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 *Parent/ Guardian Signature*  *Date*

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 *Print Parent/ Guardian Name Parent/ Guardian Phone Number*