

BACK TO SCHOOL SUPPLIES DISTRIBUTION PROGRAM

Thursday, August 17th, 2017

**THIS FORM MUST BE RETURNED NO LATER THAN
5 p.m. on Thursday, August 10 Fax # 781-453-8806**

Head of Household Last Name: _____

First Name: _____

Only individuals included on your food pantry certification can be listed below.

in Household: _____ # Household Members attending School: _____

Please list anyone who will be attending school in the Fall of 2017:

1. Name: _____ Grade: _____ Sex: _____ School Attending: _____

2. Name: _____ Grade: _____ Sex: _____ School Attending: _____

3. Name: _____ Grade: _____ Sex: _____ School Attending: _____

4. Name: _____ Grade: _____ Sex: _____ School Attending: _____

5. Name: _____ Grade: _____ Sex: _____ School Attending: _____

6. Name: _____ Grade: _____ Sex: _____ School Attending: _____

7. Name: _____ Grade: _____ Sex: _____ School Attending: _____

Notes

- ❖ **Adults in the household can make the selection for the students and/or children are welcome to attend & help select.**
- ❖ **Families will be invited to select items on a first-come, first-served basis; between 9 am to 4 pm**
- ❖ **If you are unable to attend between 9 am and 4pm, call our office (781)444-2415 to schedule an alternative time to come in AFTER Thursday, August 17th.**