

LEXINGTON BACKPACK BUDDY PROGRAM ENROLLMENT FORM 2023-2024

Student name: _____ Grade: _____ Teacher: _____

Parent/Guardian: _____

Phone/Contact Numbers: _____

Address: _____

Are other children in your home Lexington students? _____

If yes, please list names, grades and teachers of other Lexington students:

IF A STUDENT HAS ALLERGIES/SENSITIVITIES TO FOOD or BEVERAGE: THEY WILL NOT BE ABLE TO PARTICIPATE IN THE BACKPACK BUDDY PROGRAM.

I, parent/guardian for _____, give permission for him/her to participate in the Backpack Buddy Program. I understand this is not an entitlement program so my child can be put on a waiting list when food is being left at school. The intention is to provide meals on weekends when school is not in session. My child/children have a need for food assistance. I understand this information will remain confidential.

I will not hold the Lexington Elementary School, Lexington PTO or Altrusa International Longview-Kelso responsible in any way.

If my child has any food or beverage allergies or sensitivities, I understand they will not be bringing home Backpack Buddy food on the weekends.

Print name of Parent/Guardian

Signature of Parent/Guardian

Date

Lexington Staff Signature

Accepted _____ Waiting List _____