

Holiday Help

Several organizations have contacted us wanting to help families who might need assistance with food and gifts during the holiday season. Please return the form below in care of your child's teacher (or return it to any MSSD14 front office) **on or before Wednesday, November 14th**. **Help is distributed to as many families as possible~~specific requests may not be met depending on the overall demand.**

Questions: Contact The Partners for Healthy Choices Office, Angela Gieck/Jane Squires at 685-2004.

Name of Family: _____

Address: _____

Phone No. _____ Email: _____

Name of Children and Gender: _____

Building(s): UPE MSES MSMS MSHS
(circle all school buildings your children are in currently)

Grades of Children: _____

Number of Kids in Family: _____

Number of Adults in Family: _____

My Children's needs: (If clothing is requested, please indicate sizes for kids.)

By signing below, I agree that MSSD14 can share my family name and information with community helping organizations. If you aren't comfortable with this stipulation but still want help, please let your counselor know.

Signature: _____

A member of the PHC team will contact you on our receipt of this form. This form must be returned on or before 11/14/18 to participate.

