(***SCHOOL LOGO)***

***(date)***

Dear Parent/Guardian,

We have big news! Our school is now offering the School Pantry Program! This program is provided free of charge to our school through the partnership between (***school***) and FeedMore WNY.

Students will be able to access a pantry located within the school on (***days and times of pantry distribution).*** Students will be able to select food items based on the number of people within the home. If you would like to provide your child with alternate transportation on pantry days to ensure they can carry the food, please notify (***school coordinator’s name***).

The program will begin (***begin date***) and will continue throughout the (***school year***) school year. Participation in the School Pantry Program will not affect your family’s eligibility for other food assistance programs such as SNAP or WIC; however, this should be the only food pantry for your family.

To enroll your child in the program, please complete the enclosed form and return it to (***school coordinator’s name)*** by (***date permission slips are due***). Please call (***school coordinator’s phone number***) with any questions.

We are looking forward to a great year!

Sincerely,

***(School coordinator’s signature)***

***(School coordinator’s name)***

**school pantry enrollment form**

# Form Completed by: □ Student □ Parent/Guardian □ Other Date:

**Student/Family Name:**

**Address:**

**City: State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip:**

**Household Information** *(please list all individuals that live as the address above)***:**

|  |  |  |
| --- | --- | --- |
| ***Adults (18 and over)*** *Name* | *Age* | *Relationship to*  *Student* |
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| --- | --- | --- | --- | --- |
| ***Children (6-17)*** *Name* | *Age* | *Grade* | *School* | *Relationship to Student* |
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| --- | --- | --- |
| ***Infants/Toddlers (0-5)*** *Name* | *Age* | *Relationship to Student* |
|  |  |  |
|  |  |  |
|  |  |  |

**Are there any allergies/dietary restrictions in the home?**  **□** Yes **□** No

*If yes, check all that apply*: **□** Nuts **□** Soy **□**  Gluten **□** Dairy **□** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any other dietary needs:** **□** Diabetic **□** Halal **□** Kosher **□** Vegetarian **□** Other

**Is anyone in the household accessing another pantry?**  **□** Yes **□** No

*If yes, please list all other pantries accessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**How will the student take the food home?**

**□** Personal Vehicle **□** Public Transportation **□** School-Provided Bus **□** Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_