



BLACKBIRD PANTRY

SPONSORED BY **PETTISVILLE ELEMENTARY**

REQUEST FORM

**All requests will be kept confidential!*

- ❖ Program is open to any family with students enrolled in the Pettisville Schools or living within the district.
- ❖ **A weekly form must be returned in the backpack or to school by Wednesday of the week the backpacks are distributed.**
- ❖ Backpacks will be distributed on Fridays or the last student day of each week.
- ❖ This is a SUPPLEMENTAL meal program.
- ❖ Recipient is responsible for FOOD ALLERGIES.
- ❖ All requests are subject to approval.

Parent(s) Name: _____ Phone # _____

Number of children in the home? _____

Date for the request: (List the date of the week you are requesting.) _ (ex. 11/22/13) _____

Number of meals requested: (circle one) ONE TWO

Children in Home: *(Do not need to complete this section if you have submitted a prior form and there are no changes to report.)*

Child's Name: _____ Grade: _____ Teacher: _____

Allergies: _____

Child's Name: _____ Grade: _____ Teacher: _____

Allergies: _____

Child's Name: _____ Grade: _____ Teacher: _____

Allergies: _____

Child's Name: _____ Grade: _____ Teacher: _____

Allergies: _____

Child's Name: _____ Grade: _____ Teacher: _____

Allergies: _____

Signature of Parent/Guardian: _____

Address: _____

Please return this form to your child's teacher or in the backpack.

School: 419-446-2705