

Office Use Only
Family # _____
 DP
 PD H



Deer Park Community Schools

The holiday season is quickly approaching. We are beginning to gather the names of families in Deer Park who, **due to financial need**, would appreciate holiday food assistance. If your family is **in financial need** and would like to be on the list to receive support this Christmas, complete the information below and return the form to any district school building as soon as possible.

PLEASE: Print neatly and fill out BOTH SIDES of the form.

This program is designed to provide families with non-perishable food items, a toy for each child 13 and under, a small frozen turkey, and a gift card for a gallon of milk.

Holiday Food Assistance Request

Last Name of DP student(s): _____

Last Name of adult (*if different from students*): _____

Number of Adults living in household: _____ Number of children in the household: _____

Children Attend: ___Amity ___HS ___other (check all that apply)

Complete the back of this form with specific ages, gender, sizes... for the children 13 and under in the household.

Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____
A working phone number is required!

Name of person making request: _____

ADDITIONAL INFORMATION:

Outside groups and organizations often request DP family names to assist at the holidays. This is based on the random selection of forms turned in and is not guaranteed. These private organizations will contact selected families and provide a variety of items during the holiday season. YOU MUST give permission below to be considered for these opportunities.

Please mark all that apply (x) giving your permission.

___I give permission for my name and contact information to be given to an outside agency that assists **some** of the families that request assistance. (Local churches, St. Vincent DePaul...)

**** For more information please contact Laura Frank, at 936-6286 or frank.la@dpcsd.org**

Only one form per family is needed!!

Please complete the back of this page

Christmas Families 2020- Deer Park

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Family # _____

DP H PD

Last name of Family (student): _____

Address: _____

Phone number: _____

(This needs to be a working number so you can be contacted about pick up of items)

Secondary Phone number: _____

Female head of household: _____

Male head of household: _____

Below please list your children and items requested. A gift for children ages 13 and younger will be provided. Please know that gift items listed are SUGGESTIONS and not a **guaranteed** item.

Use additional pages to add more children.

Name (children)	Age	Gender (circle)	Top size	Pants size	Shoe size	Gift suggestions
		boy girl				
		boy girl				
		boy girl				
		boy girl				
		boy girl				
		boy girl				

Other Information: