



NESHANNOCK TOWNSHIP SCHOOL DISTRICT Food4KIDS Backpack Food Program

Student Name _____ Grade _____

Homeroom Number _____ Date _____

I give permission for my child to participate in the Neshannock Food4KIDS Backpack Program and understand that nonperishable food will confidentially be placed in my child's backpack during their lunch period. I also give permission for teachers and/or representatives of the program to open and place the food in the backpack on the last day before a weekend or break.

Parent Signature

Date