

Hello Lincoln Families!

We are excited to announce that with the support of the Ozaukee Food Alliance (formerly known as the Saukville Community Food Pantry), **Grab N Go Fridays** will once again continue this school year! Every other week, any students who are signed up for the program will take home easy-to-prepare food and snacks in a brown paper bag. The intent of the program is to ensure these children have food for the weekend ahead.



Any child living within the PWSSD boundaries is eligible, as long as he or she is registered, using the form on the back of this letter. The document is required for funding purposes only, and no identifying information is shared with anyone outside of the District and Ozaukee Food Alliance. This service does not affect any other funding or resources you or your children may receive. Also, if you have more than one child at Lincoln, each is eligible to take his or her own food home, as long as each child is registered for the program. If you have other children at home who are not Lincoln students, they may sign up as well, please just include their name and demographic information below. (Please note that Thomas Jefferson Middle School also runs this program, so any TJ students listed on the form will get a bag from TJ, not Lincoln.)

If you have any questions about this program, please contact me, Danielle Granrath, School Psychologist at (262) 268-5825 or danielle.granrath@pwssd.k12.wi.us. All completed registration forms should be directed to me; simply return them with your child or drop them off yourself, whatever is best for you!

We are **always** in need of brown bags, so please feel free to send those to school with your child. Thank you in advance for your help in making this program successful.

Warmly,

Danielle Granrath

OZAUKEE FOOD ALLIANCE & PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT
GRAB N GO PARTNERSHIP

The purpose of this form is to collect information needed to report back to foundations and agencies that are providing funding for this program. All collected personal information is retained only by the Port Washington-Saukville School District and Ozaukee Food Alliance and is not shared with any other outside agencies or organizations.

Parent/Guardian name: _____ DOB: _____ Gender: _____ Race: _____

Parent/Guardian name: _____ DOB: _____ Gender: _____ Race: _____

Home address: _____

Phone: _____ Email: _____

Monthly household income: _____

Veteran: Yes No Employed: Yes No Homeless: Yes No Food Share/SNAP: Yes No

Child(ren) at LES

Name: _____ DOB: _____ Grade: _____ Teacher: _____

Any allergies: Yes or No If yes, list: _____

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Any allergies: Yes or No If yes, list: _____

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Any allergies: Yes or No If yes, list: _____

Name: _____ DOB: _____ Grade: _____ Teacher: _____

Any allergies: Yes or No If yes, list: _____

Other Children in Your Household

Name: _____ DOB: _____ Gender: _____ Race: _____ School: _____

Name: _____ DOB: _____ Gender: _____ Race: _____ School: _____

Name: _____ DOB: _____ Gender: _____ Race: _____ School: _____

Name: _____ DOB: _____ Gender: _____ Race: _____ School: _____

Parent/Guardian's Signature: _____ Date: _____