Swallow Union Holiday Assistance Form

Dear Families - There are community agencies that are able to provide confidential help for GDRSD families that are struggling financially. If you are in need of some assistance for holiday food and/or gifts, please fill out the attached form and return it to the school nurse as soon as possible.

Again, all information is strictly confidential.

Return to the Swallow Union Health Office or email Kate DeLoureiro or Jennifer Gervais.

Deadline for Thanksgiving Meals: November 10th & Holiday Meals: December 8th.

1. **Who lives in your home?** (Please use additional paper if necessary)

Adults	Children
Name: _____	Name: _____
Relationship to Student: _____	Age: _____ Gender: _____
Name: _____	Name: _____
Relationship to Student: _____	Age: _____ Gender: _____

2. **Street address**: _____
3. **Best phone number to reach you**: _____
4. **Do you need help with Thanksgiving Dinner?** Yes or No
5. **Do you need help with December Holiday Dinner?** Yes or No
6. **Does anyone in your home have food allergies?** Yes or No
   If yes, please list food allergies:
   _____
7. **Do you need help with December Holiday Gifts for your child(ren)?** Yes or No
   If yes, please fill out the attached list.

Please be sure to return the forms to the school nurse by the dates listed below:

- ***Thanksgiving Meal*** *- Deadline is November 10th.*
- ***Holiday Gift List*** *- Please return the list to your child's school nurse before December 8th.*
- ***December Holiday Meal*** *- Deadline is December 8th.*

Do we have your permission to share this information with the Groton Commissioners of Trust, Loaves and Fishes Food Pantry, and/or the Masonic Angel Fund? Yes or No (Please circle one)

Parent/Guardian Signature: _____ **Date**: _____

Swallow Union Holiday Gift List:

Please make a gift list for all the children in your home (use additional paper if necessary)

Return list to the school nurse **no later than December 2nd**

Child's Name: _____

Age:_____ Gender: _____

Clothing Size: _____ Shoe Size: _____

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Child's Name: _____

Age:_____ Gender: _____

Clothing Size: _____ Shoe Size: _____

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