2025-2026 School Year

Dear Parent/Guardian,

Area donors are proud to offer HopeAustin, a weekend child-feeding program. This "backpack" program is designed to send child-friendly food home with **hungry children over the weekends who have little or no food at home.** Many of these children are on the free school lunch program and their parents rely on the school cafeteria as the main source of food for their child.

If you need assistance feeding your child on weekends and/or snack support during the school day, we would like to give your child the opportunity to participate in our **HopeAustin** program.

We respectfully request, that you only participate in this program if your student needs nutritional support. Your honesty acceptance allows us to provide for all students facing food insecurity.

On Fridays, or the last day of each school week, the school coordinator will see that your child discretely receives a **bag of food** items in his or her backpack before the school day ends. The food items will be put into their backpacks for them to take home and eat over the weekend. Snacks will be distributed Monday-Friday during the school day, if a student is not able to bring a snack from home.

Research suggests that adequate nutrition has a positive link for your child's learning capabilities. If you feel like your child or family would benefit from this, **please sign the bottom of this letter and return it to the school office** and we will make sure your child's name is on our distribution list. Your response will be kept confidential.

All distributions are made with dignity and respect for our students.

Please fill out the following information if you would like your child to participate in the HopeAustin program, then return it to your child's school office.

Child's Name_____

School_____Class_____

List any food allergies that your child may have_____

List other children in the house and their ages:_____

The School District and **HopeAustin** are not responsible for any allergic reaction my child may have to the food items supplied. **It is my responsibility to look through the food items received before giving them to my child to avoid any allergic reaction.**

By signing below, I release My Student's Campus, HopeAustin, and the School District harmless against all liabilities, damages, losses, or claims resulting from the food.

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

PRINT Parent/Guardian Name:_____

Participants are not discriminated against because of race, sex, color, national origin, age or disability.