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Dear Mead Families,

Mead Elementary desires for all students, regardless of background or financial abilities, to feel welcome and to be able to participate in all the activities and programs that we offer. To support this desire, there are several programs and opportunities throughout the year that provide support for families who are in need. **If your family is facing financial hardship and you would like to be considered for these types of programs or services, please complete the following survey.** Your privacy is important to us, therefore all information collected from the survey will be kept confidentially by the school counselor. If you have a school-related need that is not mentioned in this survey, please let me know and I will work with you to see if we can fulfill that need.

Sincerely,

Abigail Rogers

Mead School Counselor

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**Mead Resources for Families in Need**

Please read each statement below and circle “Yes” or “No”. If you circle “Yes” for any of the items, please return completed form to Mead’s main office.

|  |  |  |
| --- | --- | --- |
| Yes | No | **School Supplies:** We would like to receive a free backpack and back-to-supplies in the fall. |
| Yes | No | **Pantry Packs:** We would like to receive free packs of kid-friendly food each Friday for students to take home for the weekend. |
| Yes | No | **Operation School Bell:** We would like to be considered for participating in Operation School Bell, a program that provides vouchers for students to go clothes shopping at a local store. |
| Yes | No | **Holiday Resources:** We are interested in receiving information about holiday resources in our area. |
| Yes | No | **Holiday Assistance:** We would like to be considered for food, gifts or gift cards that may be available to Rockwell families during the holiday season. |
| Yes | No | **Child or Family Counseling**: We are interested in learning more about free or low-cost counseling that may be available to our family. |
| Yes | No | **Field Trip and Rockwell Activity Scholarships:** We would like to be considered for scholarship money for grade-level field trips and activities |
| Yes | No | **PTA Extras:** We would like to be considered for receiving a free-of-charge article of spirit wear. |

*Please note: We will do our best to provide families with the resources they request; however, due to limited availability, we may not be able to serve all families in all requested areas.*

Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the best way to contact you? (circle one) Email Phone

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_