



ALEXANDER GALT CHRISTMAS BASKET CAMPAIGN



Application Form

Please complete the following application form and return it to your child's school cycle office or Student Services by FRIDAY, November 25, 2022.

Parents last name: _____ First name: _____

Address: _____

Phone number: Home: _____

Cell phone: _____

Number of adults in the home: _____

Name of children attending elementary school:

_____ Age: _____

_____ Age: _____

_____ Age: _____

Name of children attending AGRHS:

_____ Age: _____

_____ Age: _____

_____ Age: _____

Please indicate if you have requested assistance from another organization such as a local church, food bank, CSSS, Panier de l'Espoir or other resources; Yes No

If yes, please indicate the name of the organization: _____

Please have someone that knows of your circumstances and that can attest to your needs complete the information below. This can have an impact on your eligibility to receiving a Christmas basket (e.g. A principal, teacher, clergyman, etc..)

Name: _____

Phone number: _____

Title (teacher, principal, etc.): _____

**Any abuse or misuse of the service of assistance can result in restriction or denial of future service use. We work closely with other organizations in/outside the area to crosscheck family's names to ensure there is no duplication of services. **

Please note:

-Basket pick-up will be at the Lennoxville Provigo.

-Pick-up dates and times will be communicated to you by phone.

THANK YOU!!