

# ALEXANDER GALT EASTER BASKET CAMPAIGN

## Application Form



Please complete the following application form and  
return it to Student Services by **March 30, 2023**

Parent's last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_

Number of adults in the home: \_\_\_\_\_

Name of children attending elementary school \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of children attending AGRHS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate if you have requested assistance from another organization such as a local church, food bank, CSSS, Panier de l'Espoir, etc. Yes ☐ No ☐

Please ask 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 an Easter Basket** (principal, teacher, health & social services professional (CSSS or ETSB Student Services), etc).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The whole form must be filled out for the request to be accepted.**

**\*\*Any abuse or misuse of the assistance service 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 avoid duplication of services\*\***

**Please note the following changes:**

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

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

**THANK YOU!**