

ALEXANDER GALT CHRISTMAS BASKET CAMPAIGN

Application Form



Please complete the following application form and return it to Student Services by November 29, 2024



Parent's last name: _____ First name: _____

Address: _____ Home phone: _____
_____ Cell phone: _____
Email: _____

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 a Christmas Basket.**
Ex: principal, teacher, health & social services professional (CSSS or ETSB Student Services), etc.

Name: _____ Phone: _____
Title: _____ Email: _____

Signature: _____ Date: _____

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****

Pick-up instructions will be shared at a later date by phone.
Thank you!