



ALEXANDER GALT SPRING BASKET CAMPAIGN Application Form

**Please complete the following application form and
return it to Student Services by April 2, 2025**

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 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 Spring 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****

Please note the following changes:
-Pick-up dates, times and location will be communicated to you by phone.

THANK YOU!