

Kidz Pack Site Information Sheet

- We are applying as a new school/program to participate in the Kidz Pack Program
- We are a returning school/program who would like to continue participating in the Kidz Pack Program

Name of School: _____			
Mailing Address: _____	City: _____	State: _____	Zip: _____
Physical Address: _____	City: _____	State: _____	Zip: _____
Main Phone: _____	Fax: _____		

Principal Contact Information

Name: _____	Phone: _____
Email: _____	

Kidz Pack Coordinator

Name: _____	Phone: _____
Email: _____	

School Information

Current Enrollment: _____	Estimated # of children who need food assistance: _____
Percentage of your students on Free and Reduced Lunch Program: _____	

Racial and Ethnic Categories	Demographics of School	Demographics of Kidz Pack Program
<i>Black or African American</i>		
<i>Asian</i>		
<i>American Indian or Alaskan Native</i>		
<i>Native Hawaiian or Other Pacific Islander</i>		
<i>White</i>		
<i>Hispanic or Latino</i>		

I CERTIFY THAT THIS INFORMATION IS TRUE AND COMPLETE

Signature of Principal: _____	Date: _____
Signature of Program Coordinator: _____	Date: _____

Return this application via email or fax to:

Robyn Lockett, Senior Manager of Direct Service Programs, Rlockett@foodbanksj.org or 856.662.4489, ext. 144