

Good Backpack Program Request Form

Attention: Maribeth deSnoo E-mail: mdesnoo@hpedsb.on.ca 2019-20



School:	Prir	cipal:
Superintendent:	Offi	ce Contact:
Grade of student: Gender of student:		
(Please do NOT list student's full name. For referencing, use the student's first name or, e.g., "a Grade 9 student")		
Additional Information:		
Requested by:		
Principal's Signature: (*** Required)		Date:
This form is to be forwarded by <mark>e-mail or fax to the attention of Maribeth deSnoo</mark> A reply will be sent to you by return e-mail.		
Approved:	Not Approved:	
Executive Director:		
Date:		
For Office Use:	Request No:	