



Nutrition Services Information

The Canton Local School District is requesting that ALL FAMILIES PreK-12 please complete the attached "Free & Reduced Family Meal Application" even if you do not qualify for services.

This information determines the district's eligibility for state and federal funding and determines whether we are able to continue providing free meals to all students at Walker Elementary and Faircrest Middle Schools.

Attached is also our **Wildcat Backpacks Weekend Food Program** permission slip. If you are eligible with the completion of all necessary paperwork, your student will begin receiving a bag of food on October 12, 2018.

Checklist

_____ **Free & Reduced Family Meal Application (PreK-12 to complete – please list all family members living in household)**

_____ **Wildcat Backpacks Weekend Food Program Permission Slip**
(Please make sure to complete Fee Waiver Section on Free & Reduced Family Meal Application)

Return information as soon as possible! See details on back of packet.

Thank you for your support and have a great rest of the summer!!

Sincerely,

A handwritten signature in cursive script that reads "Ashley Ritz".

Ashley Ritz,
Nutrition Services and Wellness Director



Dear Parents and Guardians,

Canton Local Schools has partnered with the Akron Canton Food Bank and Local Churches to provide weekend meals for eligible students upon completion of necessary paperwork. A bag of food will be sent home on Friday afternoons beginning October 12, 2018. Students will receive two breakfasts, two lunches and two snacks.

Please list all children and students in your household below. Make sure to complete Fee Waiver section on attached application. Contact Ashley Ritz or Sarah Hochadel at 330-484-8010 with any questions. You may also email ashley.ritz@cantonlocal.org.

Today's Date: _____ Phone Number: _____

Parent/Guardian Name: _____

Student Name: _____ Grade: _____

Allergies _____

Student Name: _____ Grade: _____

Allergies _____

Student Name: _____ Grade: _____

Allergies _____

Student Name: _____ Grade: _____

Allergies _____

I, _____, give permission for my student(s) to participate in the Wildcat Backpack Program.

Parent/Guardian Signature:

*****Complete Part 5: School Instructional Fee Waiver on School Meals Family Application *****