



## Food 4 Kids - Referral Form

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**Date:** \_\_\_\_\_

**Parents Name:** \_\_\_\_\_

**Parents Email:** \_\_\_\_\_

**Parents Phone:** \_\_\_\_\_

**Students Name(s):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

You will receive an email, phone call and/or text message per your communication preferences you have set up at your student's school building, with a day of reminder of the mobile food distribution.

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By accepting the donation, I hold neither L'Anse Creuse Public Schools, Gleaners Food Bank nor any of their affiliates harmless for food ingested.

I also understand it is my responsibility to pick-up the monthly distribution at the John R. Armstrong Performing Arts Center.

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**Signature**

Food & Nutrition Services  
Larry F. Brender Support Services Center  
586-783-6550 ex. 1105

