



The Hastings and Prince Edward
Learning Foundation

2016 - 17

Good Backpack Program Request form

Fax: 613-968-1038

E-mail: mdesnoo@hpedsb.on.ca

School:	Principal:
Superintendent:	Office Contact:
Grade 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: <i>(*** Required)</i>	Date:
This form is to be forwarded by e-mail or fax to the attention of Maribeth deSnoo A reply will be sent to you by return e-mail.	
Approved: <input type="checkbox"/>	Not Approved: <input type="checkbox"/>
Executive Director:	
Date:	
For Office Use:	Request No: