



# Good Backpack Program Request Form

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

2018 - 19



School:	Principal:
Superintendent:	Office Contact:
Grade of student: _____ Gender of student: _____	
<b>(Please do NOT list student's full name. For referencing, use the student's first name or, e.g., "a Grade 9 student")</b>	
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: