

**CHEER GUILD/HOLIDAY HELP INFORMATION**

**Dear Parents/Guardians of CAB Children**

In cooperation with local community organizations and individuals, Knightstown Civic Cheer Guild works to provide help to as many families as possible during the holiday season. We provide assistance with food, toys, and/or clothing for the children of these families. **These organizations are NOT affiliated with Charles A. Beard School Corporation.**

We are requesting additional information regarding the eligibility of your child/children for **FREE AND REDUCED LUNCHES**. The financial guideline for Free and Reduced Lunches is a formal part of our application. This falls in line with requirements at local food pantries and other assistance programs. You will need to complete the information below in order for the corporation to be able to verify this information, **WITH YOUR PERMISSION**.

If you wish to be considered for help this year, please fill out this form **COMPLETELY ON FRONT AND BACK** and return at school registration. Persons receiving this form **AFTER** school registration need to get the form filled out immediately and return it to the office at your school.

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PARENT/GUARDIAN NAME: \_\_\_\_\_

NAME(S) OF STUDENT(S) RECEIVING FREE/REDUCED LUNCH (include last name of each child):

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

5) \_\_\_\_\_ 6) \_\_\_\_\_

I hereby waive my privacy rights under **FERPA (Federal Educational Rights and Privacy Act of 1974)**. This waiver is being signed **ONLY** for the **CONFIDENTIAL USE** by Knightstown Civic Cheer Guild Board in order to verify my family's participation in the Free and Reduced Lunch Program at Charles A. Beard Memorial School Corporation for the school year beginning August 2019.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Your Relationship to Student

\_\_\_\_\_  
Date

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**STOP!!!!!!** - only complete if you wish to have HOLIDAY assistance; if so,  
we only need **ONE FORM PER HOUSEHOLD!!!**  
**You MUST! Live in the CAB School District!!!**

**CHEER GUILD/HOLIDAY HELP REQUEST FOR ASSISTANCE FOR 2019**

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS (INCLUDE CITY): \_\_\_\_\_

PHONE NUMBER (REQUIRED) \_\_\_\_\_

ALTERNATE PHONE NUMBER \_\_\_\_\_

PARENT EMAIL ADDRESS \_\_\_\_\_

**\*\*PLEASE CHECK ONE OR MORE OF THE FOLLOWING\*\***

FOOD \_\_\_\_\_ CLOTHING \_\_\_\_\_ TOYS \_\_\_\_\_

Name(s) of Child/Children (include last names)	Gender (circle)	Age	Building (KES, KIS or KHS) (IF child is school age)
1) _____	M/F	_____	_____
2) _____	M/F	_____	_____
3) _____	M/F	_____	_____
4) _____	M/F	_____	_____
5) _____	M/F	_____	_____
6) _____	M/F	_____	_____

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date

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