

(Name of your group)
After School Pack Program
Student referral letter

School _____

Teacher _____

Student name _____

Grade _____ Locker # _____ (if applicable)

Number in family: Adults _____ Children _____

How many children attend (name of your district) Public Schools? _____

The above mentioned student is showing the following signs:

_____ extreme hunger/asking for snacks

_____ not bringing snacks from home

_____ extreme fatigue

_____ lack of concentration

_____ stomach and/or headaches

_____ disruptive, aggressive behavior

Teacher comments

For Administrative use only:

Date _____

Parent Permission _____

Approved for program _____

Assigned family # _____