

H.O.P.E. Packs Program

Application Form

Please complete and return to your child's school.

Student's Name: _____

Address: _____

Date of Birth: _____

Home Phone: _____

Homeroom Teacher: _____

Parent's Name: _____

Work/Cell Phone: _____

Parent's Signature: _____

Waiver of Liability

I (we) wish to participate in the H.O.P.E. Pack Program, and I (we) agree to abide by the guidelines of the program. I (we) understand that the Program is administered by the H.O.P.E. Pack Committee and is not an official program of Pickerington Local School District. Therefore, I (we) will not hold Pickerington Schools responsible for any liability issues that might occur in the H.O.P.E. Packs Program.

Parent/Guardian Signature

Date