



Backpack Buddies

Welcome back Mansfield families! This fall Mansfield Public Schools is partnering with the Mansfield Food Pantry and local vendors to offer a supply of nutritious meals and snacks for children over their weekends, free of charge. Bags will be distributed into the student's backpack on the last school day before the weekend. Though the program is intended to help those children whose families find it difficult to have enough food for the entire month, all children are eligible for this program.

If you believe your student could benefit from this program, we encourage you to sign them up by filling out the form below and returning it through your student's teacher or the front office. You can also sign up through the following link <http://bit.ly/MPSSbackpackbuddies>. We are initiating this program at the Robinson School but all children in your household are eligible. All items will be sent home with your Robinson student. Only one form is needed for each household. If you have more than one student at Robinson, pick one student for backpack delivery. Please be assured that this information is kept confidential.

Once your student is signed up, they will receive food in drawstring cinch bags which will be placed in their backpacks each week until the end of the school year or until you no longer wish to participate. This program will start on Friday October 11th. Please return the cinch bags the following week in your student's backpack.

Each backpack contains 2 breakfast items, 2 lunch items, snacks, fruits, juice/milk. All food is nonperishable. It is our hope these resources will support the health, behavior, and achievement of every student that participates.

Questions or concerns? Please contact backpackbuddies@mansfieldschools.com or 508-261-7559. Online sign up is available through the following link: <http://bit.ly/MPSSbackpackbuddies>

Please sign up by September 30 for the initial backpack on October 11 but enrollment is ongoing.

Please sign my student(s) up for the Backpack Buddies Program.

Name	Grade	Homeroom Teacher

Special dietary needs, if any (e.g., diabetic, food allergy, kosher):

Parent/Guardian Name: _____ **Date:** _____

Telephone Number: _____ **Parent/Guardian Email Address:** _____