



## 2023 Back-to-School Application Form

Date: \_\_\_\_\_ Applying for:  Self  Child/Children  Both

This application is for Parker Street Food & Furniture Bank’s annual Back-to-School Program. Upon submitting your application, a member of Parker Street’s team will:

1. Call to confirm information and set up an appointment time for pick up in late August.
2. Send a confirmation email with your appointment time, date, and confirmation number to you.

We will make three attempts to contact you. If you are unreachable by the third attempt, your application will be deemed as “**unreachable**” and removed from the approved list.

All backpacks and school supplies will be distributed at the **Maritime Hall** entrance of the **Halifax Forum** on **August 23 and 24**.

NOTE: Submission of this application does not guarantee approval/support.

### Section 1: Applicant or Parent/Guardian Contact Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ID Number (last four digits only): \_\_\_\_\_ ID Type:  Health Card  Driver’s Licence  Birth Certificate  
 Passport  Other

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ \*Email: \_\_\_\_\_

*\*Please ensure to include your email as a confirmation email with your appointment time and date will be sent to you.*

### Section 2: Child/Children’s Information

#### Child #1

Child’s Full Name: \_\_\_\_\_

ID Number (last four digits only): \_\_\_\_\_ ID Type:  Birth Certificate  Health Card

Student ID  Other

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade/Grade Level: \_\_\_\_\_

**Child #2**

Child's Full Name: \_\_\_\_\_

ID Number (last four digits only): \_\_\_\_\_ ID Type:  Birth Certificate  Health Card  
 Student ID  Other

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade/Grade Level: \_\_\_\_\_

**Child #3**

Child's Full Name: \_\_\_\_\_

ID Number (last four digits only): \_\_\_\_\_ ID Type:  Birth Certificate  Health Card  
 Student ID  Other

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade/Grade Level: \_\_\_\_\_

**Child #4**

Child's Full Name: \_\_\_\_\_

ID Number (last four digits only): \_\_\_\_\_ ID Type:  Birth Certificate  Health Card  
 Student ID  Other

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade/Grade Level: \_\_\_\_\_

Any additional children? If yes, please provide the following below: Child's Full Name, ID Number and ID Type, Gender, Date of Birth, and Grade/Grade Level.

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**Section 3: Adult Learner Information**

**Adult #1**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of Education (University, ESL, GED, etc.): \_\_\_\_\_

ID Number (last four digits only): \_\_\_\_\_ ID Type:  Health Card  Driver's Licence  
 Birth Certificate  Passport  Other

**Adult #2**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of Education (University, ESL, GED, etc.): \_\_\_\_\_

ID Number (last four digits only): \_\_\_\_\_ ID Type:  Health Card  Driver's Licence  
 Birth Certificate  Passport  Other

Please note that for adult learners we require proof of enrollment in your educational class. Please provide proof along with this application.

**SPECIAL NOTICE:** In response to the sudden hardships faced by families affected by the recent Nova Scotia wildfires – if you were evacuated as per the HRM evacuation zone, we would like to assist you by providing backpacks and school supplies.

You do not have to be a current client of Parker Street Food & Furniture Bank; simply fill out the Back-to-School application form and check off the Evacuee Status box below.

Evacuee Status

**Section 4: Pick Up Time**

Please select one of the following time slots to pick up your backpack/school supplies at the Halifax Forum.

**Wednesday, August 23:**  9:00 AM – 12:00 PM  12:00 PM – 4:00 PM  4:00 PM – 7:00 PM

**Thursday, August 24:**  9:00 AM – 12:00 PM  12:00 PM – 4:00 PM  4:00 PM – 7:00 PM

If you have any notes/comments regarding your selected pick up time, please write them below.

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By signing your name below, you are acknowledging that the information provided is accurate and that you understand and comply with the application. You further understand that completion of this form does not guarantee approval.

Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

First Call: \_\_\_\_\_

Second Call: \_\_\_\_\_

Third/Final Call: \_\_\_\_\_

**Unreachable**

Appointment Date and Time: \_\_\_\_\_

Date of Emailed Confirmation: \_\_\_\_\_