



## Back-to-School Program Application Form

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

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ID Number (last four digits only): \_\_\_\_\_

ID Type:  Health Card  Driver's License  Birth Certificate  Passport  Other

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

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

*\*Please ensure to include your email address 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 First and Last Name: \_\_\_\_\_

ID Number (last four digits only): \_\_\_\_\_

ID Type:  Health Card  Driver's License  Birth Certificate  Passport  Other

Gender:  Male  Female  Other Date of Birth: \_\_\_\_\_ Grade/Grade Level: \_\_\_\_\_

#### Child #2

Child's First and Last Name: \_\_\_\_\_

ID Number (last four digits only): \_\_\_\_\_

ID Type:  Health Card  Driver's License  Birth Certificate  Passport  Other

Gender:  Male  Female  Other Date of Birth: \_\_\_\_\_ Grade/Grade Level: \_\_\_\_\_

**Child #3**

Child's First and Last Name: \_\_\_\_\_

ID Number (last four digits only): \_\_\_\_\_

ID Type:  Health Card  Driver's License  Birth Certificate  Passport  Other

Gender:  Male  Female  Other Date of Birth: \_\_\_\_\_ Grade/Grade Level: \_\_\_\_\_

**Child #4**

Child's First and Last Name: \_\_\_\_\_

ID Number (last four digits only): \_\_\_\_\_

ID Type:  Health Card  Driver's License  Birth Certificate  Passport  Other

Gender:  Male  Female  Other Date of Birth: \_\_\_\_\_ Grade/Grade Level: \_\_\_\_\_

**Child #5**

Child's First and Last Name: \_\_\_\_\_

ID Number (last four digits only): \_\_\_\_\_

ID Type:  Health Card  Driver's License  Birth Certificate  Passport  Other

Gender:  Male  Female  Other Date of Birth: \_\_\_\_\_ Grade/Grade Level: \_\_\_\_\_

**If you have additional children, for whom you are the parent or guardian, please provide the following information below: Child's First and Last Name, ID Number and ID Type, Gender, Date of Birth and Grade/Grade Level.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 3: Adult Learner Information**

**Adult #1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

ID Number (last four digits only): \_\_\_\_\_

ID Type:  Health Card  Driver's License  Birth Certificate  Passport  Other

**Adult #2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

ID Number (last four digits only): \_\_\_\_\_

ID Type:  Health Card  Driver's License  Birth Certificate  Passport  Other

*Note that for adult learners we require **proof of enrolment** in your education class. Please provide proof along with this application.*

**Section 4: Pick Up Time**

Please select **one (1)** of the following time slots to pick up your backpack/school supplies at the Halifax Forum.

**Wednesday, August 28:**  9:00 AM – 1:00 PM  3:00 PM – 7:00 PM

**Thursday, August 29:**  9:00 AM – 1:00 PM  3:00 PM – 7:00 PM

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

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**Section 5: Confirmation**

**PLEASE NOTE:** Once your application has been approved, we will make **three (3)** 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 28 and 29. You will be notified as to your pick up date by August 16.**

By signing your name below, you are acknowledging that:

1. The information provided is accurate and that you understand and comply with the application.

- 2. You further understand that completion of this form **does not** guarantee approval.
- 3. You understand that you will hear from Parker Street Food & Furniture Bank by **August 16**, if approved.

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

**FOR OFFICE USE ONLY**

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

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

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

Unreachable

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

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