

School District of St. Croix Falls

P.O. Box 130 ~ St. Croix Falls ~ Wisconsin 54024 ~ (715) 483-2507 ~ Fax (715) 483-3695

Craig Broeren
District
Administrator

Shelly Schmitz
Special Education
Director

Brian Kray
Director of
Curriculum/
Technology

Rita Platt
Elementary School
Principal

Darrell Imhoff
Middle School
Principal

Michael Wilson
High School
Principal

St. Croix Falls
School District
is an equal
opportunity employer
and does not
discriminate
on the basis of sex,
race, national origin,
age, religion,
ancestry,
creed, pregnancy,
marital/parental
status, sexual
orientation, disability
or handicap.

Dear Parent/Guardian,

The School District of St. Croix Falls in cooperation with the STAR Education Foundation would like to offer your family a supplemental source of food each week of the school year. The Backpack Program is available to those students that may qualify for free/reduced meals. How does the Backpack Program work? Once a family has returned the form below, the following will take place:

1. Starting in the middle of October one child from your family will be given a backpack the last day of each school week. Inside you will find a variety of items that **may** include tuna, peanut butter, jelly, cereal, macaroni and cheese, soup, crackers, canned fruit or vegetables and coupons for milk and fruit and/or vegetables two times per month.
2. Students return the empty backpack on Monday morning, to their School Counselor's Office.
3. Backpacks will again be filled during the week and your child will bring the backpack home again at the end of the school week.

Important Facts:

- The program is confidential.
- Participation is FREE. (Backpack, food, etc.)

If you would like to participate in this program, complete the form below and have your son or daughter return it to your child's counselor. If you prefer, you may also mail this form, just remember to add a stamp. Please return this form as soon as possible.

Please call Kate Lehne with any questions. Thank you 😊

Sincerely,

Kate Lehne
715-483-9823 ext. 1215

_____ Yes, we want to participate in the Backpack Program during the 2024-25 school year.

_____ No, we do not want to participate in the Backpack Program at this time.

Parent/Guardian Signature _____ Printed Name _____

Number in Household _____ *May use the back of this form if needed

Name/s Age or Grade

Teacher's name (HR If Applicable)