

# 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  
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Shelly Schmitz  
Special Education  
Director

Brian Kray  
Director of  
Curriculum/  
Technology

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Elementary School  
Principal

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Middle School  
Principal

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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 who 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 on 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 misplace or break your backpack, please email Kate Lehne at lehneka@scfschools.com for a replacement.

If you would like to participate in this program, complete the form below and have your student return it to your child's counselor. If you prefer, you may also mail this form; just remember to add a stamp. You can also email a request to Kate Lehne. Please return this form as soon as possible.

Please email me with any questions. Thank you ☺

Sincerely,

Kate Lehne  
lehneka@scfschools.com

Yes, we want to participate in the Backpack Program during the 2025-26 school year.

Parent/Guardian Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Number in Household \_\_\_\_\_

Student Information:

\*May use the back of this form if needed

Name/s	Grade	Teacher's name (HR If Applicable)
_____	_____	_____
_____	_____	_____