



BackPacks for Friday Monthly Report

Reporting Month: _____

School Name: _____

Date	Number of Backpacks
Totals:	

Please indicate how many children are in these participating grades (including siblings)				
Pre K	K-2	3-5	6-8	9-12

Please share stories of how this food helped one or more children this month:

Please share any comments, concerns, questions, or suggestions:

Completed by: _____ Date: _____

Please fax reports by the 5th of each month for the prior month.