

DATE: _____

SCHOOL: _____

Phone Number: _____

Number of Children in Household: _____

FAMILY INFORMATION

Parent/Guardian Last Name: _____ First Name: _____

Street Address: _____ City/State/Zip: _____

Telephone Number: _____

PLEASE SEND FORMS VIA INTER-DISTRICT MAIL TO : LYNDA ,CONNIE & NIKI NO LATER THAN FRIDAY, OCTOBER 18TH

#1				
First Name	Last	M/F:	Age:	DOB:
Toy Ideas				
Pant Size		Child or Adult Sizes:		
Shirt Size				
Shoe Size				
Jacket Size				
#2				
First Name	Last	M/F	Age:	DOB:
Toy Ideas				
Pant Size		Child or Adult Sizes:		
Shirt Size				
Shoe Size				
Jacket Size				
#3				
First Name	Last	M/F	Age:	DOB:
Toy Ideas				
Pant Size		Child or Adult Sizes:		
Shirt Size				
Shoe Size				
#4				
First Name	Last	M/F	Age:	DOB:
Toy Ideas				
Pant Size				
Shirt Size				
Shoe Size				

SCRIPT FOR PHONE CALLS: HELLO MY NAME IS_ I AM CALLING FROM MANTECA UNIFIED SCHOOL DISTRICT. EVERY YEAR WE PARTNER WITH SEVERAL OUTSIDE COMMUNITY ORGANIZATIONS WHO PROVIDE HOLIDAY GIFT GIVING PROGRAMS TO STUDENTS WITHIN THE MANTECA UNIFIED SCHOOL DISTRICT. I HAVE BEEN ASKED TO GENERATE A LIST OF STUDENTS WHO MAY BE CANDIDATES FOR ONE OF THESE PROGRAMS AND I WOULD LIKE TO SUBMIT YOUR CHILDRENS NAMES. IF A PROGRAM IS AVAILABLE FOR YOUR CHILDREN, THE ORGANIZATION WILL CONTACT YOU DIRECTLY. ALL I NEED IS A LITTLE INFORMATION ON

FOR TSSP USE ONLY: PREVIOUSLY SERVED: YES NO PROGRAM: _____

YOUR CHILDREN AND YOUR PERMISSION TO SHARE YOUR CONTACT INFORMATION. IF THEY AGREE, COMPLETE THE FORM, IF NOT THANK THEM FOR THEIR TIME AND MOVE ON.

FOR TSSP USE ONLY: PREVIOUSLY SERVED: YES NO PROGRAM: _____