



Home BASE Program

Building Academic School Excellence

The Home BASE program is a community program that works cooperatively with the Britton-Hecla School District. The program will provide complimentary snacks and meals to students who may need additional food resources over the weekends during the 2019-20 school year. In addition, the program will be providing milk and juice for the school year for any program participants.

Any child enrolled in the Britton-Hecla School District may be eligible to participate. There will be a limited number of spots so if you feel that your child/children can benefit from this program we encourage you to return this form.

To register, simply complete the consent form below and mail it to the address listed below or return it to school in a sealed envelope. **Consent forms will be accepted anytime during the school year and can be found on the school website.** If you have more than one child in school, you only have to submit one form, listing all your children. Student and family names will be kept confidential. People and organizations that put the bags together will not know the identities of the students receiving the food.

Once your consent form is received, your child's name will be added to the list of students eligible for the Home BASE program.

If you are in need, please consider letting this program help your family. Questions? Contact Kyla Richter at 448-2234 Ext. 2201 or email at Kyla.Richter@k12.sd.us.

2019-20 Home BASE Program Consent Form

Mail or return: **ASAP**
Britton Hecla School
Attn: Home BASE Program
PO Box 190
Britton, SD 57430

***Remember that names will be kept confidential**

1. **Child's Name:** _____ **Grade** _____ **Locker#** _____
 Any special dietary need, if any(diabetic, food allergy, kosher) _____

2. **Child's Name:** _____ **Grade** _____ **Locker#** _____
 Any special dietary need, if any(diabetic, food allergy, kosher) _____

3. **Child's Name:** _____ **Grade** _____ **Locker#** _____
 Any special dietary need, if any(diabetic, food allergy, kosher) _____

Parent/Guardian Name: _____ **Email:** _____

Mailing Address: _____ **Phone:** _____

Parent/Guardian Signature: _____ **Date:** _____