



Hi-Five Kids Pack Distribution

School: _____

A minimum of 1 week required

Distribution Frequency:

Month: _____

1 x per month

2 x per month

Total Packs Distributed: _____

3 x per month

4 x per month

Male: _____

Females: _____

New Students (Added this Month): _____

Of the total distributed on this date, how many were "special needs"

Special Needs: _____

Break down the total amount by ages below (**The sum should equal the total**)

# Pre K:	# Age 5:	# Age 6:
# Age 7:	# Age 8:	# Age 9:
# Age 10:	# Age 10+:	

(Race - Total of the four should equal the total distributed)

Caucasian:	African American:	Hispanic:
Asian:	Other:	

Please return by email or fax.

By: _____

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Date: ___/___/___

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