Grove City Area School District
Grove City , Pennsylvania 16127

Please complete form by November 11, 2024 ****Please complete only 1 form per family**
Forms WILL NOT be accepted after November 12.

Parent/Guardian's Name _____ **Phone Number:** _____

Address: _____

_____

Name(s) of Child/Children	**Sizes: Specify Adult or Youth**					**Toys**
	Age	**M/F**	**Shirt**	**Shoe**	**Pants**	X

____ I would appreciate groceries for my family
Children MUST reside in Grove City School District

Please list child/children's likes, interests, hobbies, etc.