

Please turn in ONE application per family.

CHRISTMAS ANGEL PROGRAM

Parent Name _____

Phone Number _____

Address _____

Consent for Participation and Release of Information: I understand that to be eligible for the VA Christmas Angel Program I cannot receive Christmas assistance from other local organizations. I give my permission for the student(s) listed in this application to participate in the Van Alstyne Christmas Angel Program. I understand my name and address and the name, address, grade level, and age of each child listed in this application will be shared with Van Alstyne Ministerial Alliance to prevent duplication of services.

_____ Parent Signature



Information for all children living in the home birth-Senior in High School

First Name	Last Name	Grade	Sex	Pant Size	Shirt Size	Shoe Size	Need	Want (\$50 and under)

Applications are due Friday, November 2, 2018



Please return to any VAISD office
For more information contact:
Cammi Bruton, (903) 482-8879
cbruton@vanalstyneisd.org