



MEAL TALLY WORKSHEET

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130
131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150
151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170
171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190
191	192	193	194	195	196	197	198	199	200
201	202	203	204	205	206	207	208	209	210
211	212	213	214	215	216	217	218	219	220
221	222	223	224	225	226	227	228	229	230
231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250
251	252	253	254	255	256	257	258	259	260
261	262	263	264	265	266	267	268	269	270
271	272	273	274	275	276	277	278	279	280
281	282	283	284	285	286	287	288	289	290
291	292	293	294	295	296	297	298	299	300
301	302	303	304	305	306	307	308	309	310

School Name:	
Day:	
Date:	
Classroom #:	
Time Meal begins:	
Total amount of meals:	

After School Snack Program

Instructions for completing form:

Cross off the numbers as each student receives a complete meal. The highest number crossed off indicates the total number of meals served. Do not cross off a number for a student that took anything other than a complete snack meal.

Must be completed by District Faculty-please sign below:

X _____ Date: _____



Orange Township Public Schools
Forest Street Community School
Dr. Yancisca Loftin-Cooke, Principal



Gerald Fitzhugh, II, Ed.D.
Superintendent of Schools

Shannon Keogh, Assistant Principal

Genesis Parent Portal Request

Date _____

Student's Name _____

Student's Grade _____

Parent's Name _____

Parent's Email Address _____

Other Siblings Name and School:



**Orange Township
Public Schools**
Forest Street Community School
Dr. Yancisca Loften Cooke



Gerald Fitzhugh, II, Ed.D.
Superintendent of Schools

Shannon Keogh, Assistant Principal

PLEASE PRINT

Date: _____

To Whom It May Concern,

I am the Parent/Guardian of _____
(Child's/Children's Name)

(Teacher's Name) (Grade)

The following agency circled below has requested proof of school attendance/enrollment:

Please Circle:

Court

Income Tax

Social Security

State Request

Passport

Other _____

Parent/Guardian's Name _____

Address _____

Telephone _____

Email Address _____



**Orange Township
Public Schools**
Forest Street Community School
Dr. Yancisca Loften Cooke



Gerald Fitzhugh, II, Ed.D.
Superintendent of Schools

Mrs. Shannon Keogh, Assistant Principal

FAX TRANSMISSION COVER SHEET

TO: NAME _____

COMPANY: _____

ADDRESS: _____

FAX# _____

DATE: _____ TIME _____

NUMBER OF PAGES: _____ DATE: _____

FROM: NAME _____

- URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY

COMMENTS/INSTRUCTIONS:



Orange Township Public Schools
Forest Street Community School
Dr. Yancisca Loften-Cooke, Principal



Gerald Fitzhugh, II, Ed.D.
Superintendent of Schools

Shannon Keogh, Vice Principal

STAFF EMERGENCY CONTACT FORM

Staff Name	
Position	
Address	
Home Phone	
Cell Phone	
Date of Birth	
Home Email	
Make/Model Car	
License Plate No.	
Emergency Contact Relationship/Phone	
Emergency Contact Relationship/Phone	
Emergency Contact Relationship/Phone	

Please report any changes in your personal information to the main office.



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Superintendent of Schools

Mrs. Shannon Keogh, Assistant Principal

Receipt of Materials

Date: _____

School / Office: _____

The following item (s) are enclosed:

Received and Accepted By (Please Print Your Name and Title)

Please sign and return this acknowledgement to the courier as proof of delivery.

Thank you,

Forest Street Community School