



Student Support Services Questionnaire

*The following questions are confidential
and used by the Student Support Services team only to support families*

Please check the level of support your family, if you require assistance at anytime this year please reach out to

- No** support is needed at this time
- Yes**, I would like support (check all that apply)
 - Back to school supplies (backpack, notebooks, markers...)
 - Clothing
 - Hygiene supplies
 - School snacks
 - Transportation (clubs, sports, homework club)
 - Holiday help
 - Equipment for sports and clubs
 - Event clothing (band, promotion, school dances)
 - Local food bank and clothing banks information
 - Dental care
 - Community/school sponsored activities, camps, summer camps

If you checked Yes: Please complete the following contact information:

Guardian Name(s): _____

Best Contact Information (email address, phone number): _____

Your CRMS student's name(s): _____