Oyster River Cooperative School District SAU #5 - 36 Coe Dr. Durham, NH 03824

End 68 Hours - Oyster River

The community of Oyster River offers a weekend food program for students, End 68 Hours-Oyster River. This program's purpose is to send home a supply of food every Friday with any child who feels /whose parent(s) feel this would be helpful. This process will be done in a confidential manner. The food products are simply placed in bags on their bus Friday afternoon for take home. Students not transported by bus or who would prefer, may pick their bag up at their respective schools. You may opt into or opt out of this program at any time. For instance, if there is a loss of income in a home, you may contact one of the people noted below in person, via phone, note or email and the next week your child(ren) will receive a bag of food to take home from the school where they attend. The service will continue each week until you state you no longer wish to receive this support.

Moharimet: 740-8585 tschroeder@orcsd.org Mast Way: 659-3001 kmoore@orcsd.org

Middle School: 868-2820 jwons@orcsd.org High School: 868-2375 hmachanoff@orcsd.org

If you feel this would help your family, fill in the portion below and have your child bring it to the nurse or counselor listed above. You can fill out one form or send information to one location even if you have children in more than one school. You may also call or email the information following the format below. Please contact Katherine Moore, Mast Way with any questions.

If you are interested in learning more about End 68, visit the main organization's website at www.end68hoursofhunger.org, or contact Katherine Moore RN Mast Way School at 659-3001, kmoore@orcsd.org.

If your family is able to help with a monetary donation, please make checks payable to ORCSD End 68 Hours of Hunger and send: c/o Nancy Clavette, SAU #5 36 Coe Dr. Durham NH 03824.

Thank you for your support.

Weekend Grocery Help Thank you! We will send home a bag/child each Friday. You choose pick up at a school or put bag on a bus Friday afternoon Child's name: _______ School: ______ Bus #____ or pick up ____ Child's name: ______ School: ______ Bus #____ or pick up ____ Child's name: ______ School: ______ Bus #____ or pick up ____ Contact name /email/tele: ______ / email______

Call, email or return this slip to the School Nurse or Counselor.

tele _____*Due to allergies, religion or culture my family cannot eat: _____