



# Foster Public School District

## Captain Isaac Paine School

160 Foster Center Road

Foster, RI 02825

Telephone 401-647-5100

**Michael S. Barnes, Ph. D.**

*Superintendent*

**Marcella Terranova Clark**

*Principal*

Dear Parent(s)/Guardian(s),

This week our students will be participating in an activity that involves a snack of

\_\_\_\_\_. Please check the appropriate box below

regarding permission to have the class snack.

Sincerely,

\_\_\_\_\_  
Classroom Teacher

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Teacher:

\_\_\_\_\_  
Student:

\_\_\_\_\_  
Parent/guardian:

\_\_\_\_\_ I give my son/daughter permission to eat the school snack.

\_\_\_\_\_ I do not give my son/daughter permission to eat the school snack.