



Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

➤ **ITEMS ARE FOR SCHOOL AGE CHILDREN ENROLLED AND ATTENDING SJSJ**

<b>**Parent/Guardian Fill Out**</b>			
<b>Item</b>	<b>Please x if item is needed.</b>	<b>Size? (Specify Child or Adult)</b>	<b>Item Filled (√)</b>
Jeans			
Sweatpants or Leggings			
Shorts			
Shirts			
Socks			
Underwear			
Shoes			
Sports Bra			
Sweatshirt or Hoodie			
<b>For applications submitted before October 1st, winter items may be requested by contacting school personnel or the FIT office after October 1st.</b>			
*Coat (Available 10/1)			
*Hat (Available 10/1)			
*Gloves (Available 10/1)			

<b>Hygiene Supplies</b> ** Please x if an item is needed.			
Brush/Comb		Body Wash	
Toothbrush/Toothpaste		Deodorant	
Shampoo/Conditioner		Tampons	
Hair Grease/Oil		Feminine Pads	

<b>School Supplies</b> **Please x if an item is needed.					
Backpack		Composition Books		Highlighters	
3 Ring Binder		Crayons		Glue	
Notebook Paper		Markers		Ruler	
Folders		Pens/Pencils/Erasers		Calculator	
Spiral Notebooks		Colored Pencils		Scissors	

Supplies Delivered \_\_\_\_\_  
(Date)

Received by \_\_\_\_\_  
(Parent / Guardian / School Personnel Signature Required)

Once application is complete, please scan **both** pages to  
[KimSiela@sjsd.k12.mo.us](mailto:KimSiela@sjsd.k12.mo.us) and [KimHill@sjsd.k12.mo.us](mailto:KimHill@sjsd.k12.mo.us)

Thank you!