SCHOOL NAME:			
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UNIFORM ASSISTANCE APPLICATION

FAMILY INFORMATION (PLEASE PRINT IN INK):					
PARENT/GUARDIAN'S					
NAME:					
HOME ADDRESS:		ZIP CODE:			
HOME PHONE:					
WORK/OTHER PHONE:					

STUDENT INFORMATION (PLEASE PRINT):										
STUDENT ID NUMBER							Free or			FOR USE BY SCHOOL STAFF ONLY
(<u>No</u> Social Security Numbers)	LAST	NAME OF STUDENT	MIDDLE	BOY/ GIRL	GRADE	DATE OF BIRTH	Reduced Lunch Y/ N	SHIRT/ BLOUSE SIZE	PANTS/ SKIRT SIZE	DATE UNIFORM DISTRIBUTED
		-							-	

I certify that all information I have submitted on this application is true and accurate. I understand that if any fraud is detected or suspected I will be reported immediately to the Police and Security Services Department. I herein authorize campus staff to access information on my application for free/reduced lunch to verify my need for assistance. This information should not be shared nor used for any other purpose.

Signature of parent/guardian	Date

1. Verify Student ID # for each student.
2. Verify family information and student's enrollment.
3. Ensure completeness of application, signature, and date.
4. Keep the original, give a copy to the parent

Approved Not-Approved
Date Received on Campus:

Student Information Verified by:

Principal's Signature:

Date of uniform order:

Date of order receipt:

REVISED: 8/18/06