

I, _____, NEED...
STUDENT NAME GRADE

SCHOOL SUPPLIES: please indicate items you are in need of (example: backpack, zip binder, notebook paper, pens, pencils, erasers, calculator, etc.)

or ☐ Fill grade level "Class Supply List" suggested in NSD enrollment paperwork (EL/MS)

DOCUMENTATION:

- ☐ Missing enrollment documents
☐ Personal identification
☐ Social Security Card
☐ Birth certificate
☐ My medical card
☐ Other _____

Staff/Student/Parent/Guardian
filling out form:

X _____

FEES PAID:

- ☐ ASB
☐ ASB + Activity(s) (Football, Basketball, Volleyball, etc)
☐ Class Fees (Art/Shop/Technology) _____
☐ Class Supplies (Art/Shop/Technology) _____

PE/SPORTS ITEMS:

Size

Preference (high/low top, color, long, short... etc)

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Gym shoes | _____ | _____ |
| <input type="checkbox"/> Socks | _____ | _____ |
| <input type="checkbox"/> T-Shirt | _____ | _____ |
| <input type="checkbox"/> Shorts/Sweats | _____ | _____ |
| <input type="checkbox"/> Specific sport shoes
(Basketball, Football, Volleyball, etc.) | _____ | _____ |

HYGIENE ESSENTIALS:

- ☐ Shower available at school
☐ Toiletries: Shampoo/Soap/Deodorant/Shaving/Dental Items/Other: _____
☐ Laundry @ school ☐ Laundromat vouchers

SCHOOL CLOTHES:

Size

Preference (color, "style", do like, don't like)

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Pants/Jeans | _____ | _____ |
| <input type="checkbox"/> Shirts | _____ | _____ |
| <input type="checkbox"/> Shoes | _____ | _____ |
| <input type="checkbox"/> Undergarments | _____ | _____ |
| <input type="checkbox"/> Other _____ | _____ | _____ |
| <input type="checkbox"/> Winter Gear
(Coat, Hat, Gloves, Boots) | _____ | _____ |

LINKED WITH OUTSIDE SERVICES:

- ☐ Medical Insurance
☐ Counseling
☐ Y.E.S. (Youth Emergency Services) - support for homeless youth ages 12-18
☐ DSHS (Department of Social and Health Services):
T.A.N.F. (Temporary Assistance for Needy Families), C.H.I.N.S. (Child In Need of Services)
☐ Rural Resources

ACADEMIC SUPPORT

- ☐ Title 1 / LAP ☐ Special Education ☐ Tutoring/After School Program
☐ Other _____