ELIZABETHTOWN AREA SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: November 24, 2025

REVISED:

110-AR-1. APPLICATION FOR INSTRUCTIONAL SUPPLIES

Student's Name: _____ _____ _____

Last Name First Name Middle Initial

Student's Address: _____ _____

City State ZIP Code

Student's Age: _____ Date of Birth: _____ Sex: _____

School: _____Grade: _____Homeroom/Classroom: _____

Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

Home Telephone: _____If none, number of contact person: _____

In the chart below, list the name, birthdate, school, and grade for all other children in the home:

NAME	BIRTHDATE	GRADE	SCHOOL ATTENDING

Employment Status of Parent/Guardian:

Mother:

☐ Employed ☐ Unemployed

Employer's Name: _____Address: _____

Father:

☐ Employed ☐ Unemployed

Employer's Name: _____Address: _____

Gross Family Income from last Income Tax Return: _____

Is the family presently receiving or eligible to receive free and reduced price lunches?

☐ Yes ☐ No

Comments: _____

_____

_____

_____ _____

Signature of Parent/Guardian Date

Application: ☐ approved ☐ denied

_____ _____

Signature of Building Principal Date

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