

Application for



If you wish that your child or children be eligible for the School Days Program (*they must first qualify for Free Lunch Program*), please complete this form and return to:

School Counselor no later than May 1, 2009

Date _____

School System which Child/Children Attend _____

Name of Parent (s) or Guardian (s) _____

Mailing Address _____

Home Address _____

City _____, MO Zip Code _____

Telephone number _____ Cell Phone _____

Employed by _____ Employer phone # _____

X _____
Signature of Parent or Guardian

**Information pertaining to each of your school age children
Kindergarten through 12th Grade for 2009 – 2010 School Year**

CLOTHING SIZES FOR EACH CHILD

Child's Name _____ Age _____ Grade _____

	Jeans	T-Shirt	Shirt	Hoodie	Underwear	Socks	Shoes
SIZES							