
SCHOOL SUPPLY APPLICATION

Parent/Guardian Name: _____

Address: _____

Phone Number: _____ Alternate Number: _____

Last 4 Digits of Social Security Number: _____

Parent Date of Birth: _____

******PLEASE LIST SCHOOL AND GRADE FOR 2016/2017******

School Age Children:

| | | | | | |
|-------|------|--------------------------|--------------------------|--------------|-------------|
| _____ | Male | <input type="checkbox"/> | Female | School:_____ | Grade:_____ |
| | | | <input type="checkbox"/> | | |
| _____ | Male | <input type="checkbox"/> | Female | School:_____ | Grade:_____ |
| | | | <input type="checkbox"/> | | |
| _____ | Male | <input type="checkbox"/> | Female | School:_____ | Grade:_____ |
| | | | <input type="checkbox"/> | | |
| _____ | Male | <input type="checkbox"/> | Female | School:_____ | Grade:_____ |
| | | | <input type="checkbox"/> | | |
| _____ | Male | <input type="checkbox"/> | Female | School:_____ | Grade:_____ |
| | | | <input type="checkbox"/> | | |

Circumstance why your family is in need of school supply assistance?

Does your family receive any of the following:

| | | | | |
|-----------------|-----|--------------------------|----|--------------------------|
| Unemployment | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Medicaid | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Food Assistance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Cash Assistance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Free Lunch | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Monthly Income:

\$ _____

Reduced Lunch

Yes No

*** Please return the completed form to the Parma Area Family Collaborative
11212 Snow Rd, Parma, Oh, 4130

****Filling out this application does NOT
guarantee school supplies. Families
approved for school supplies will be notified
at the beginning of August.**