



Sandusky City Schools

REQUEST FOR CAMPUS WEAR CLOTHIING ASSISTANCE

Date: _____

Person Making Request: (circle one) Parent/Guardian Staff Other _____

Print Your Name: _____

Address: _____

Phone: _____ Other Phone: _____

Reason for request: Financial Hardship _____ Referral _____ Other _____

UNIFORM REQUEST FOR: (M=Male, F=Female, circle one below for each student)

1. Student Name (M/F): _____ Grade: _____ Building: _____

Pant Size: Waist _____ Length _____ **Shirt Size:** _____ (Long Sleeve/Short Sleeve) **Belt:** yes/no

2. Student Name (M/F): _____ Grade: _____ Building: _____

Pant Size: Waist _____ Length _____ **Shirt Size:** _____ (Long Sleeve/Short Sleeve) **Belt:** yes/no

3. Student Name (M/F): _____ Grade: _____ Building: _____

Pant Size: Waist _____ Length _____ **Shirt Size:** _____ (Long Sleeve/Short Sleeve) **Belt:** yes/no

All uniforms will be picked up at the Board of Education per designated date/time. Any uniforms not picked up within 10 business days will be cancelled and returned to inventory.

Administrative Purpose Only	NOTE:
Inventory: yes no	
Order Date _____	Notification Date _____
Vendor _____	Pick-Up Date/Time Set For _____
Shipped To _____	Received Date _____ Picked Up Yes No