



# Braden River Middle School

## Uniform Assistance Request

*(Please submit one application per student)*

Name of Person Submitting Application: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Place of Employment: \_\_\_\_\_

Parent/Guardia Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Other Parent/Guardian Place of Employment: \_\_\_\_\_

Other Parent/Guardian Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Total Household Monthly Gross Income (before taxes and deductions): \$ \_\_\_\_\_

Number of Children: \_\_\_\_\_ Number of Children Attending Foster: \_\_\_\_\_

Are you enrolled in the federally sponsored Free/Reduced Lunch Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If the answer is yes, your application must be current and accurate.)

### **Provide Clothing Information**

What size shirt does the child wear? \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**FOR SCHOOL USE ONLY**

School Advisory Council Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Items Provided:

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