



**Education Department**  
**Back to School Supplies and Backpacks**

Member/ Parent / Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Phone: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Student Information:

Name of School: \_\_\_\_\_

Grade Level: \_\_\_\_\_ First Day of School: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment#: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment#: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment#: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment#: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment#: \_\_\_\_\_

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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