WINSLOW TOWNSHIP SCHOOL DISTRICT 2015-2016

APPLICATION FOR STUDENT UNIFORM ASSISTANCE

Policy and Regulation #5511

This application is for use by parents/guardians of Winslow Township School District pupils requesting financial assistance to comply with the student uniform requirements of the district's dress code policy and regulations. Applicants should review the board's dress code policy and regulations prior to completing this application. Copies of the dress code policy and regulations are available at the Main Office of each school; the Office of the Superintendent, 40 Cooper Folly Road; and on the Winslow Township School District website: www.winslow-schools.com

Completed applications, along with proof of income, must be submitted to your child's building principal.

A separate application for uniform assistance must be filled out each year that assistance is sought. All financial information contained in the application for student uniform assistance will be kept confidential by the school district.

GENERAL INFORMATION

| Name of Parent/Guardian: | |
|--|--|
| Last Name/Firs | st Name |
| City: | State:Zip: |
| Home #() | Cell#() |
| Work#() | - |
| Parent Social Security Number ¹ : | (Person receiving the reimbursement check) |
| Pupil's Name, Grade and School Attendi | ing ² : |
| | |
| | |
| | |
| | |

¹ Or other valid documentation.

² List name and school of all students for which reimbursement is requested.

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FAMILY INFORMATION

How many adults live in your home?_____ How many children live in the home under the age of 18?_____ Does your income fall within the attached income eligibility guideline sheet?_____ What is your gross income?_____ How often do you get paid?_____

ACCEPTABLE FORMS OF INCOME

- 1. Tax return (1040,1099); and
- 2. W-2;
- 3. Pay stub; and
- 4. Other appropriate proof of income/employment.

I certify that all of the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements may result in the rejection of this application.

Signature of Parent/Guardian

Date

I certify that I have reviewed the Income Eligibility Guidelines for School Uniforms and my household income falls within the purview of these guidelines.

Signature of Parent/Guardian

Date

NOTE: No reimbursement will be made without a valid receipt or proof of purchase.

For office use only:

Residence verified_____ Income verified_____

Approved_____Denied____Initials_____