



sieda

COMMUNITY ACTION



School Supply Request Wapello County 2023

Parent's Name: _____ Phone Number: _____

Home Address: _____ City & Zip Code: _____

Last 4 Digits of SSN: _____ Date of Birth: _____

I understand that by signing this release, it does not guarantee my family will receive school supplies. I agree to arrive at the specified date, time and location of the school supply event and if I fail to appear the school supplies may be distributed to another child/children without any additional notice. I understand Sieda Community Action may cross reference my application with other programs to avoid duplication of services.

Signature: _____ Date: _____

PLEASE FILL OUT THE NAME AND GRADE FOR EACH CHILD IN NEED OF SCHOOL SUPPLIES

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Office Use Only

Received Date:	_____
Received By:	_____
Eligible:	_____