

**Email Address:** \_\_\_\_\_

## 2023-2024 Application for Free Uniform

To apply for free uniform, the following must be completed.

1. Complete the Declaration of Household Income Form.
2. Complete this application, and return it to the school.

<b>1. STUDENT INFORMATION (print)</b>			
Child's Name	Gender	Grade	Teacher
<b>2. FOOD STAMP OR K-TAP CASE NUMBER</b>			
Food Stamp Number	or	K-TAP Case Number	
<b>3. IF FOSTER CHILD:</b>			
List the child's monthly personal use income. Write "-0-" if the child has none. _____			
<b>4. HOUSE MEMBERS AND MONTHLY INCOME:</b>			
If you have a food stamp or K-TAP case number for the child, skip to PART 5.			

Names of Household Members Adults (21 & Over)	Gross Monthly Income from Work (Before Deduction)	Monthly Welfare Payments, Child Support, Alimony	Monthly Payments From Pensions Retirement Social Security	Any Other Monthly Income
Last Name      First Name	\$	\$	\$	\$
Last Name      First Name	\$	\$	\$	\$
Last Name      First Name	\$	\$	\$	\$
<b>Other Children</b>				
Last Name      First Name Age      School	\$	\$	\$	\$
Last Name      First Name Age      School	\$	\$	\$	\$
Last Name      First Name Age      School	\$	\$	\$	\$
Last Name      First Name Age      School	\$	\$	\$	\$

**5. SIGNATURE AND SOCIAL SECURITY NUMBER:**

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal law.

<p>_____ <b>Signature of Adult Household Member</b></p>	<p style="text-align: center;">XXX - XX - _____</p> <p style="text-align: center;">Last 4 digits of Social Security Number</p> <p>If no SSN, Check box <input type="checkbox"/></p>
<p>Name on the Social Security Card</p>	<p>Home Phone Number (    )    -</p> <p>Work Phone Number (    )    -</p> <p>Cell Number            (    )    -</p>
<p>Street</p>	<p style="text-align: center;">City                                  State                                  ZIP</p>

**FOR SCHOOL USE ONLY**

\$	.	Food Stamp / K-Tap Household
\$	.	Income Household
<b>Total Household Monthly Income \$</b>		

Application Approved for Free Uniform	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Application Denied Because:		
<input type="checkbox"/>	Income over allowed amount	
<input type="checkbox"/>	Incomplete / Missing	
<input type="checkbox"/>	Others _____	
_____	_____	
_____	_____	
Signature / Initial of determining Official	Month	Day      Year