

Email Address: _____
2024-2025 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.

1. STUDENT INFORMATION (print)			
Child's Name	Gender	Grade	Teacher
2. FOOD STAMP OR K-TAP CASE NUMBER			
Food Stamp Number	or	K-TAP Case Number	
3. IF FOSTER CHILD:			
List the child's monthly personal use income. Write "-0-" if the child has none. _____			
4. HOUSE MEMBERS AND MONTHLY INCOME:			
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	\$	\$	\$	\$
Other Children				
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:	
<p>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>	
<p style="text-align: center;">XXX - XX - _____ Last 4 digits of Social Security Number</p> <p>If no SSN, Check box <input type="checkbox"/></p>	
<p>_____ Signature of Adult Household Member</p>	<p>Home Phone Number () -</p> <p>Work Phone Number () -</p> <p>Cell Number () -</p>
<p>Name on the Social Security Card</p>	
<p>Street</p>	<p>City State ZIP</p>

FOR SCHOOL USE ONLY

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

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
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