



SEMINOLE ELEMENTARY SCHOOL
6201 N. Central Ave., Tampa, FL 33604



Uniform Assistance Request
(Please submit one application per student)

Name of Person Submitting Application: _____

Name of Student: _____

Address: _____

Telephone Number: _____

Parent/Guardian Name: _____

Parent /Guardian Place of Employment: _____

Parent/Guardian Telephone: Work: _____ Home: _____

Other Parent /Guardian Place of Employment: _____

Other Parent/Guardian Telephone: Work: _____ Home: _____

Total Household Monthly Gross Income (before taxes and deductions): \$_____

Number of Children: _____ Number of Children Attending Foster: _____

Are you enrolled in the federally sponsored Free/ Reduced Lunch Program? Yes____ No____
(If the answer is yes, your application must be current and accurate.)

Provide Clothing Information

BOY_____ GIRL_____

What size shirt does the child wear? _____

What size bottom? _____

Signature of Parent /Guardian: _____

(When possible items will be provided from our supply of used clothing in the clothes closet.)

FOR SCHOOL USE ONLY

School Advisory Council Approval Signature: _____

Date: _____

Items Provided: _____
