



POLK SCHOOL DISTRICT

McKinney-Vento Clothing / School Supplies / Food Request Form

Name:		
School:	Grade:	Teacher:
Address:		
Guardian:	Guardian's Phone Number:	

Does the child qualify for the McKinney-Vento Program? Yes No

Please write the reason for the child's qualification. (Example: Temporary living arrangement)

Is there a need for nutritional support? Yes No

Sizing

Category	Size
Pants	
Shirt	
Jacket/Coat	
Shoes	
Undergarments	
Socks	

School Supplies

Please list the necessary school supplies:	

Does the child have siblings that are in PSD that also need clothing /school supplies? Yes No

If yes, please write their full name and school: _____ _____

Counselor's Signature: _____ Date: _____