

Holiday Assistance Form



Due Nov. 19 by 3:00

Parent/Guardian Information

Name: _____

Address: _____

Phone Number: _____ Cell _____ Home _____ Other _____

Have you or anyone in your household applied for or requested holiday assistance at any other location this year? ___Yes ___No

Child's Name	Age	Gender	School	Shoe Size	Shirt Size	Pant Size	Coat Needed Yes/No	Wish List Toys or special items request Interests (sports, dance, etc.)

PLEASE READ:

1. **COMPLETION OF THIS APPLICATION DOES NOT AUTOMATICALLY GUARANTEE THAT YOUR FAMILY WILL BE SELECTED.**
2. This assistance program is designed to supplement your holiday needs and not be a complete substitution.
3. To ensure that as many families as possible get an opportunity to take advantage of the program, we must take into consideration the number of times your family has received assistance in past years. However, this will not automatically disqualify your family from receiving assistance again.
4. Applications are **NOT** selected on a first come, first served basis.
5. Please include any family hardships or notes we should be aware of on the back of this form.

Date: _____ **Principal Signature:** _____ **Head of Household:** _____