Supply Item	Qty Needed	Qty Purchased	Packed (DATE)	Sent to school

Child's Name	Birth Certificate & Social Security	Medical Information (Shots, Allergies)	Previous School Records if any	Proof of Residency

Child's Name	# of Tops	# of Bottoms	Intimates	Shoes

Child's Name	School Phone #	Homeroom Teacher	Homeroom Teacher Contact Information