



PLEASE RETURN THE COMPLETED FORM TO THE  
PRINCIPAL OF YOUR STUDENT'S SCHOOL

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

\_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_

\*Store Choice: \_\_\_\_\_

Participating Vendors: Forman Mills & Cheryl's Uniform

Item Number	Amount	Color	Size (please circle)						Price
Shirts	_____ _____ _____	White Black Red Gray	XXL	XL	L	M	S	XS	
Pants	_____ _____	Black Khaki							
Shorts	_____ _____	Black Khaki							
Skirts	_____ _____	Black Khaki							

\*\*\*\*\* Not to exceed \$40.00\*\*\*\*\*

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For Board of Education Use ONLY

Date Received: \_\_\_\_\_ Free or Reduce Lunch Yes \_\_\_ No \_\_\_

Request \_\_\_ Approved \_\_\_ Denied

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal Date: \_\_\_\_\_

Account Number: 11-190-100-800-00-999

PO Date & No: \_\_\_\_\_ Entered By: \_\_\_\_\_