



**UNIFORM ASSISTANCE APPLICATION**  
**Dallas Independent School District**

**SCHOOL NAME:**

**FAMILY INFORMATION (PLEASE PRINT IN INK):**

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK/OTHER PHONE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

**STUDENT INFORMATION (PLEASE PRINT):**

STUDENT ID NUMBER (No Social Security Numbers)	NAME OF STUDENT			BOY/ GIRL	GRADE	DATE OF BIRTH	Free or Reduced Lunch Y / N	SHIRT/ BLOUSE SIZE	PANTS/ SKIRT SIZE	FOR USE BY SCHOOL STAFF ONLY	
	LAST	FIRST	MIDDLE							DATE	UNIFORM DISTRIBUTED

I certify that all information I have submitted on this application is true and accurate. I understand that if any fraud is detected or suspected I will be reported immediately to the Police and Security Services Department. I herein authorize campus staff to access information on my application for free/reduced lunch to verify my need for assistance. This information should not be shared nor used for any other purpose.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**For Use by School Staff Only**

1. Verify Student ID # for each student.  
 2. Verify family information and student's enrollment.  
 3. Ensure completeness of application, signature, and date.  
 4. Keep the original, give a copy to the parent

**Approved**       **Not-Approved**

Date Received on Campus: \_\_\_\_\_

Student Information Verified by: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Date of uniform order: \_\_\_\_\_ Date of order receipt: \_\_\_\_\_