



Application Number (Office use only): \_\_\_\_\_

# THE SALVATION ARMY BACK TO SCHOOL DISTRIBUTION

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Today's Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

**HOUSEHOLD MEMBERS: Please list ALL people who live in your home with adults listed first.**

First Name (list adults first)	Last Name (list adults first)	Date of Birth	Age	M/F	Grade (next year)	Needs Back-pack? Y/N
					N/A	N/A

Please read and sign the three statements below. If no photos are allowed, please 'X' out entire block.



I authorize The Salvation Army to contact other agencies or persons and/or release information contained on this form to other agencies if it's needed to coordinate and verify any assistance given to me.

Applicant's Signature \_\_\_\_\_

⇒ Do you have primary custody of the above listed children? \_\_\_ Yes \_\_\_ No

\$ \_\_\_\_\_  
Total Monthly Household Income

Foodstamps? (must provide proof): Y \_\_\_ N \_\_\_

**DID YOU BRING?**  
*Application will not be accepted until all documents are provided.*

- Valid Picture I.D. for applicant
- Proof of School Enrollment
- Identification for each student (birth certificate, medical card, etc.)
- Proof of Income from all sources (entire household)

	(Office use only)
Yes	Initial

Salvation Army authorized representative must initial that documentation is valid

The Salvation Army has permission to publicize my photograph and/or the photographs or interview of any/all of my children listed on this form.

Applicant's Signature \_\_\_\_\_

I agree NOT to participate in any other Back to School distribution program.

Applicant's Signature \_\_\_\_\_

**For Office Use Only:**

Application received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Entered into Excel Spreadsheet(s) by: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Program(s) enrolled: Backpack/Supplies: \_\_\_\_\_ Shopping Spree: \_\_\_\_\_ Haircut/Other: \_\_\_\_\_

Child Name: \_\_\_\_\_

Chaperone: \_\_\_\_\_



# The Salvation Army Child Spree Consent and Release Form

Please use one form per participating child

Shopping Spree Location: \_\_\_\_\_

Date of Shopping Spree: \_\_\_\_\_

Time of Shopping Spree: \_\_\_\_\_

I give my child permission to participate in the Salvation Army Back to School shopping spree. I agree to hold The Salvation Army harmless from any liability resulting from participating in the event. I also agree that my child is allowed to shop without my involvement and understand that he or she will be chaperoned during the shopping spree. I further agree to provide transportation to and from the event. In addition, I understand that items received through this event may only be exchanged for similar items. No cash refunds or store credit will be given. Lastly, I understand that this is a one-time event and my child's attendance is mandatory. If my child is unable attend, their spot will be filled by another student.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Any medical condition that may occur during event (seizures, etc.)? \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Please circle preferred items to be purchased and list desired sizes (children are not allowed to try on any item except shoes):

Shirt size: \_\_\_\_\_ Shoe size: \_\_\_\_\_ Underwear size: \_\_\_\_\_ Sock size: \_\_\_\_\_

Pant size: \_\_\_\_\_ Dress size: \_\_\_\_\_ Other: \_\_\_\_\_

Does your child require a school uniforms (circle one)? Yes or No

Color restrictions? (list here) \_\_\_\_\_ Please list any items your child should not purchase or needs greatly.

