

McKinney Supplies / Resources Request



Requested By:

Requested For:

| | | |
|------------------|-------------------------------|---------------------------------|
| Name of Student: | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| School: | | |
| Grade: | | |

McKinney Category:

Please summarize the circumstances that make this request a priority.
(Include how meeting these needs will help the student succeed in school)

Hygiene: (select ONLY those items which are needed)

- Toothpaste Shampoo Washcloth Comb Other:
Toothbrush Soap Towel Hairbrush

School Supplies: (select ONLY those items which are needed)

- Backpack Paper Crayons/markers Ruler Other:
Notebook Pens/Pencils Calculator Tape

Medical: (select ONLY those items which are needed)

- Glasses Immunizations Counseling Tutoring Other:

Description:

Clothing: (select ONLY those items which are needed)

- Coat Shirts Pants Shoes Underwear Socks Other:

Quantity and Size information for each item listed:

Any other needs not specified above:

Principal Approval

Student Services Approval