

# Pocono Mountain School District Request for Assistance/Student Dress

## Student Information

STUDENT#1	_____	_____	_____	_____
	<i>Last Name</i>	<i>First Name</i>	<i>Grade</i>	<i>School</i>
STUDENT#2	_____	_____	_____	_____
	<i>Last Name</i>	<i>First Name</i>	<i>Grade</i>	<i>School</i>
STUDENT#3	_____	_____	_____	_____
	<i>Last Name</i>	<i>First Name</i>	<i>Grade</i>	<i>School</i>
STUDENT#4	_____	_____	_____	_____
	<i>Last Name</i>	<i>First Name</i>	<i>Grade</i>	<i>School</i>

## Parent/Guardian Information

_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Phone Number</i>
_____		_____
<i>Mailing Address</i>		<i>City/State</i>
		<i>Zip Code</i>

**Directions: Complete Part A below or complete Part B and include the most recent Pennsylvania State Income Tax Return. The completed and signed forms are sent to Pocono Mountain School District, PO Box 200, Swiftwater, PA 18370 to the attention of: Dr. Mary Beth Gustafson, Assistant Superintendent for Special Education.**

**PART A: Food Stamp or TANF Cash Assistance Number (No State Tax Return is necessary).**

Enter the 9-digit case number assigned by the County Assistance Office (Skip Part B, sign attestation/consent below and send to the above address).

\_\_\_\_\_

**Part B: Taxable and Non-Taxable Sources of Family Monthly Income (Attach the most recent State Tax Return, sign and send the form to the above address).**

<u>Name of Household Members</u>	<u>Income Source</u>	<u>Weekly</u>	<u>Bi-Weekly</u>	<u>Monthly</u>	<u>Yearly</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Attestation/Consent:** I certify that the information provided by me is true and accurate. I consent to allowing the Pocono Mountain School District verify this information with any and all employers and/or agencies. Signature below also denotes receipt of a copy of a Standardized Dress Policy and this Request for Assistance/Student Dress form.

\_\_\_\_\_

*Parent/Guardian Signature*

\_\_\_\_\_

*Date*

**NOTE:** Please complete the attached **Clothing Assistance Information Form** and return it with this form to the address above.