



School Supply Request



Child's Name:	Gender: M F	Age:
Address:	Ethnicity: (optional)	
City:	State: NY	Zip:
School:	Grade:	Food Stamps- Y N Public Assistance- Y N
Parent/Guardian:	Phone #:	

Supplies Needed: Indicate how many of each item (Only check Supplies child needs for school)					
<input type="checkbox"/>	Backpack	<input type="checkbox"/>	Notebook Paper	<input type="checkbox"/>	Spiral Notebook
<input type="checkbox"/>	Crayons (Elementary)	<input type="checkbox"/>	Markers	<input type="checkbox"/>	Marble Notebook
<input type="checkbox"/>	Pencils	<input type="checkbox"/>	Pens (black, blue, other)	<input type="checkbox"/>	Ruler (Elementary)
<input type="checkbox"/>	Dividers	<input type="checkbox"/>	Binders	<input type="checkbox"/>	Scissors (Elementary)
<input type="checkbox"/>	Glue stick (Elementary)	<input type="checkbox"/>	Folders	<input type="checkbox"/>	Calculator (Secondary)
<input type="checkbox"/>	Other:				
Specific information (ex. Color of folders, size of binders, etc.)					

Return Completed Forms To: **Youth Mentoring Services of Niagara County**
86 Park Avenue Lockport, NY 14094 or Fax: 716-434-2242
 Completion of application does not guarantee receipt of backpack and/or school supplies.
 All requested items may not be available. Distribution based on donations.
 If contacted, items will be available in your child's school.

Office Use Only:	
Date Received:	Staff:
Date Delivered:	Signature:

WAL*MART

