



Pulaski County Special School District

925 East Dixon Rd./P.O. Box 8601
 Little Rock, AR 72212
 501-490-6219 (office) / 501-490-1352 (fax)

APPLICATION FOR ASSISTANCE

(Please Print)

Today's date: _____ School Name: _____

(Please Check One)

Homeless Foster Child United Way General Help

STUDENT INFORMATION

Last Name:	First Name:	Middle Initial:
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Birth date:	Grade	Age:	Sex:	Social Security or Student ID Number:
			<input type="checkbox"/> M <input type="checkbox"/> F	

Name of Shelter (if applicable):		Caseworker:
Street address or P.O. box:		Phone no.:
City:	State:	ZIP Code:
Other family members in PCSSD and present school:		

PARENT INFORMATION

Person responsible for student:		
Parent Name:	Address (if different):	Contact number:
		()
City:	State/Zip:	Cell number:
		()

ASSISTANCE NEEDED

Please indicate Assistance needed:

Clothing:	<input type="checkbox"/> Shirt: Size-	<input type="checkbox"/> Pants: Size-	<input type="checkbox"/> Shoes: Size-	<input type="checkbox"/> Coat: Size-	<input type="checkbox"/> Under Clothes: Size -
Supplies:	<input type="checkbox"/> Backpack	<input type="checkbox"/> Calculator	<input type="checkbox"/> Activity Fee	<input type="checkbox"/> Athletic Fee	<input type="checkbox"/> Supplies <input type="checkbox"/> Other:
Medical:	<input type="checkbox"/> Vision	<input type="checkbox"/> Dental	<input type="checkbox"/> Medical		
Food:	<input type="checkbox"/> Rice Depot	<input type="checkbox"/> Other	<input type="checkbox"/>		

The above information is true to the best of my knowledge.

Signature: _____ Date: _____

(Reserved For District Office Only)

Approved:

Date Approved: