



Assistance Request Form

***REMINDER: THIS FORM IS TO BE COMPLETED ONLY BY DISTRICT PERSONNEL. A STUDENT RESIDENCY QUESTIONNAIRE (SRQ) MUST BE COMPLETED AND ATTACHED TO THIS FORM.**

District Personnel completing form: _____

Date: _____

Parent Name: _____

Phone: _____

Student Name	ID #	Loc. #	Grade	Sex	*Pant Size (3 each)		*Shirt Size (3 each)		*Belt	Underwear Size (3 each)		Sock Size		Shoe Size		Backpack Supplies	Hygiene Pack
				M/F	Youth	Adult	Youth	Adult	✓	Youth	Adult	Youth	Adult	Youth	Adult	✓	✓

****Pants, Shirts, and Belts are only given to campuses requiring standardized dress.***

FOR STUDENT SERVICES USE ONLY

Request filled by: _____
(PRINT FULL NAME)

Date: _____

Supplies delivered to:
 Parent Date: _____

Campus Date: _____

McKinney-Vento Liaison Signature _____

DATE _____

McKinney-Vento Title 1

**Scan and return completed form along with Student Residency Questionnaire to:
AskOSP@garlandisd.net fax it to 972-494-8275**