



CLOTHING INFORMATION FORM


SCHOOL: _____	GRADE: _____	<input type="checkbox"/> GIRL <input type="checkbox"/> BOY
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BODY SHAPE: *For the most accurate fitting, please circle BOTH the height and width that best represents the child.*

Select Accurate Height



Select Accurate Width



CLOTHING SIZES:

YOUTH SIZES

- 5 5/6 6-6x 7/8 10/12 14/16 16/18
 Additional information: _____

WOMENS SIZES

- XSmall Small Medium Large XLarge 1XL 2XL
 Additional information: _____

MENS SIZES

- XSmall Small Medium Large XLarge 1XL 2XL
 Additional information: _____

SHOE SIZES: Youth size _____ Womens size _____ Mens size _____

CATEGORIES: *Please select all that apply, respecting the maximum quantity per category.*

- | | |
|-------------------------------------|--------------------------------------|
| ___ jeans (limit of 5) | ___ underwear (limit of ONE package) |
| ___ sweatpants/joggers (limit of 5) | ___ socks (limit of ONE package) |
| ___ leggings (limit of 5) | ___ sneakers (limit of ONE) |
| ___ shorts (limit of 5) | ___ boots (limit of ONE) |
| ___ dresses (limit of 5) | ___ winter jacket (limit of 5) |
| ___ short sleeve tops (limit of 5) | ___ gloves (limit of 5) |
| ___ long sleeve tops (limit of 5) | ___ mittens (limit of 5) |
| ___ tank tops (limit of 5) | ___ winter hat (limit of 5) |

Is there anything special the student has requested or is in IMMEDIATE need of?

DELIVERY LOCATION: *(when size of bag exceeds a backpack):* MAIN OFFICE NURSE'S OFFICE

Name of school administrator: _____

Clothes can only be delivered before and after school hours to ensure student's anonymity, unless otherwise arranged. All items are subject to availability. Underwear and socks are purchased new and never previously owned.