



DONNA INDEPENDENT SCHOOL DISTRICT

APPLICATION FOR CLOTHING SERVICES

2024-2025

This form must be typed

Counselor: In order for student(s) to receive the clothing services, it is necessary that you complete all the information below. Incomplete applications will be returned to you and delay the process.

Father/Guardian's Name:		Present Employment	
Mother/Guardian's Name:			
Home Address:		City/Zip:	
Primary Phone #:	()	Secondary Phone #:	()

	Name of Children in School	Campus	Grade	Student ID	D.O.B.	Office Use Only!
1.						
2.						
3.						
4.						
5.						
6.						

Full name as per TEAMS

Migrant ☐ Title-I ☐ Is/Are child(ren) Homeless?: Yes ☐ No ☐ NSLP: Yes ☐ No ☐

Income: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

House Payment:	\$	Lot Payment:	\$	Rent:	\$
Electricity:	\$	Water:	\$	Gas:	\$
SNAP:	\$	SSI:	\$	TANF:	\$
Other - (specify):			\$		

Signature of Parent

Date

Referred by: _____

Signature of Interviewer: _____ Date: _____
Campus Principal or Designee

FOR OFFICE USE ONLY:

Approved ☐ Denied ☐ By: _____ Date: ____/____/____
Director of Federal Programs

Reason for Denial: _____

Other Comments: _____