



SEMINOLE COUNTY COMMUNITY SERVICES

MANDATORY BACK TO SCHOOL BASH PRE - REGISTRATION

Recipients of free back packs and school supplies **MUST** be a Seminole County Public School student entering Kindergarten through 12th grade.

Parents and/or guardian of students must provide the following for each child:

<input type="checkbox"/> Valid ID	<input type="checkbox"/> Proof of 2016/2017 School Enrollment	<input type="checkbox"/> Birth Certificate or Shot Record
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(Please Print Clearly)

Applicant		Other Parent (if in household)
Full Name:		
Age & Date of Birth:		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Gender: Circle One	Male or Female	Male or Female
Applicant Street & Mailing Address:		
Street Address:	City:	Zip Code:

Telephone Number: _____ Total Number of people in household: _____

CHILDREN IN THE HOUSEHOLD

Name	Date of Birth	Age	Relationship to Applicant	Grade	School

PLEASE COMPLETE ALL HOUSEHOLD INCOME

Income Type	Monthly Amount	Name of Family Member Receiving	Total Yearly Amount
Adoption Benefits			
Alimony			
Child Support			
Employment			
Pension Benefits			
Social Security			
Other			

All households must meet 125% of the Federal Poverty Limit

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$14,850	\$20,050	\$25,200	\$30,375	\$35,550	\$40,725	\$45,913	\$51,113

I certify that the above information is true and correct. I have reported all household income accurately.

Signature _____
Date

**Please return this registration form June 27, 2016 through July 8, 2016 between 1pm and 4pm
534 W Lake Mary Blvd, Sanford, FL 32773 * Phone: 407-665-2389**

For Office Use Only

Eligible? Yes No

Household Annual Income: \$ _____ Reason for Denial: _____

Staff completed by: _____ Date: _____