



**CHARLES H. DATER
FOUNDATION**

BACK TO SCHOOL SUPPLY PROGRAM

2022-2023 SCHOOL YEAR



PLEASE PRINT LEGIBLY

We Require this form to be completely filled and turned in on day of Pick Up.

Parent/Guardian Name: _____
 Address: _____
 Community (Lockland, Reading, etc.): _____
 School Name: _____
 Email: _____
 Phone Number: (____) _____

To Be Completed By Head of Household:

SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER (M/F/O)	VETERAN (Y OR N)	HOUSEHOLD MONTHLY INCOME	MARITAL STATUS	HIGHEST GRADE COMPLETED	RACE	HOUSING STATUS

To Be Completed, must have information for each child in the household wishing supplies:

Last Name	First Name	Grade	Gender (M/F/O)	Ethnicity	Date of Birth

Signature: _____ Date: _____

