

Mayor's Back to School Fair School Supply Application

Voucher Number _____

Name: _____

Gender: _____

Address: _____ Zip Code: _____

Telephone: _____

Email Address: _____

Ethnicity:	<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic/Latino/Mexican	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other
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	CHILD'S FULL NAME	GENDER	AGE	SCHOOL	GRADE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

How did you hear about the Back to School Roundup? Newspaper Television Radio Friend Flyer Other

-----OFFICE USE ONLY BELOW-----PLEASE DO NOT WRITE BELOW-----OFFICE USE ONLY BELOW-----

Monthly Income: Wages \$ _____ VA \$ _____ Unemployment \$ _____ TANF \$ _____
 Retirement \$ _____ Workers Comp \$ _____ SS/SSO/SD \$ _____ Child Support \$ _____
 Other \$ _____ TOTAL: \$ _____ Eligible for Assistance: YES NO

Event Date/Location: _____

To pre-register, bring completed application and copies of documentation to a pre-registration event

Solicitud de la feria de útiles escolares de regreso a clases

Número de vale _____

Nombre: _____

Género: _____

Domicilio: _____ Código Postal: _____

Teléfono: _____ Correo Electrónico: _____

Ethnicidad: Caucasicos Negro Americano Hispano/Latino/Mexicano Asiatico Indio Americano Otro

	NOMBRE COMPLETO DEL NIÑO(A)	GÉNERO	EDAD	ESCUELA	GRADO
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

¿Como se entero sobre la Feria de Regreso a Clases del Alcalde? Periódico Televisión Radio Un Amigo Otro

-----OFFICE USE ONLY BELOW-----PLEASE DO NOT WRITE BELOW-----OFFICE USE ONLY BELOW-----

Monthly Income: Wages \$ _____ VA \$ _____ Unemployment \$ _____ TANF \$ _____

Retirement \$ _____ Workers Comp \$ _____ SS/SSO/SD \$ _____ Child Support \$ _____

Other \$ _____ TOTAL: \$ _____ Eligible for Assistance: YES NO

Event Date/Location: _____

Para pre inscribirse, traiga la forma completa y copias de los documentos a un evento de pre inscripción: