

Sara Spano PTA Clothing Bank

3835 Forrest Road, Columbus, Georgia 31907

Email: spanoclothingbank@gmail.com

Facebook: Sara Spano PTA Clothing Bank

706-575-6975



everychild.one voice.®

School Referral Form

(School)

This is to certify that, _____, is a student at the above mentioned school and has a need for clothing.

Authorized by _____ Date _____
(Signature of Principal, Assistant Principal or Guidance Counselor)

- Students may obtain clothes from the Clothing Bank twice during the school year, preferably once in the fall/winter and once in the spring/summer.
- School personnel should provide this form and the parental permission form with all requested information via email to spanoclothingbank@gmail.com. **Please do not give this information directly to parents to submit to the Clothing Bank. It should be emailed to us by someone from the school.**
- Clothing Bank volunteers will be responsible for selecting clothes for the students and delivering them to their school until further notice. All efforts will be made to fulfill requests and deliver clothing within seven days of receiving the request.
- A copy of this form will be attached to the clothing bag for the student when delivered to the school.
- Parents, or student's contact, are responsible for picking clothing up from the school.

Measurements (in inches) and information used to assess the appropriate sizes (PLEASE PROVIDE ALL INFORMATION)

Gender (male or female) _____ Age _____

Shirt/Coat:	Current size _____	Arm length (shoulder to wrist) _____ Shirt Length (collar to hip bone) _____ Shoulder to Shoulder _____
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Pants:	Current size _____	Waist (at hip bone) _____ Hips (at widest point) _____ Pant Length (hip bone to ankle) _____
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Shoes:	Current size _____	Foot length _____ Foot width (at widest part of foot) _____
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Other special clothing needs: _____

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Parental Authorization-Clothing Request Form

My child, _____, is a student at _____ and has my permission to obtain clothes from the Sara Spano PTA Clothing Bank. I understand that clothing will be delivered to the school and that I, or someone I authorize, is responsible for picking them up from the school. I also understand that some of the clothing will not be new. **IMPORTANT**...Clothing Bank volunteers will do their best to provide appropriate sizes and clothes for my child based on information given below.

Signature _____ **Date** _____
(Parent or Legal Guardian)

- Clothing Bank volunteers will be responsible for selecting clothes for the students and delivering them to their school until further notice. All efforts will be made to fulfill requests and deliver clothing within seven days of receiving the request.
- A copy of this form will be attached to the clothing bag for the student when delivered to the school.
- Parents, or student's contact, are responsible for picking clothing up from the school.

Depending on availability each student should receive, at minimum, the following clothing items:

- 3 pairs new underclothing 3 pairs of pants
- 3 pairs new socks 3 to 5 shirts
- 1 pair new athletic shoes 1 coat (for the fall/winter timeframe)

Measurements (in inches) and information used to assess the appropriate sizes (PLEASE PROVIDE ALL INFORMATION)

Gender (male or female) _____ **Age** _____

Shirt/Coat: **Current size** _____ **Arm length (shoulder to wrist)** _____
Shirt Length (collar to hip bone) _____
Shoulder to Shoulder _____

Pants: **Current size** _____ **Waist (at hip bone)** _____
Hips (at widest point) _____
Pant Length (hip bone to ankle) _____

Shoes: **Current size** _____ **Foot length** _____
Foot width (at widest part of foot) _____

Other special clothing needs: _____
