

School Year 2018-2019 Educational Enrichment Foundation Shoe Shopping Application

PLEASE PRINT LEGIBLY. Complete ALL sections. Incomplete applications will not be considered. Students must meet eligibility requirements. **Eligible students may participate in no more than ONE shoe shopping day per school year, if funding is available.** Please fax completed application to EEF at 325-8579, on or before due date approunced. For questions, call EEF at 325-8688.

| Please fax completed application to EEF at 323 | 5-8579, on or before due date announced. | For questions, call EEF at 325-8688. |
|---|---|---|
| Student's Name: (Last) | (First) | |
| Home Telephone Number: | Date of Birth: | Male Female |
| Student's primary racial/ethnic identity: Native Amer Hispanic/La | <u> </u> | waiian/Pacific Islander Asian White |
| School Name: | Grade | o: |
| Student qualifies for (check one) | REDUCED meal assistance. | |
| Shoe Size (if known):Pr | referred Shoe Color: | |
| Describe any special circumstances EEF should consider | r when reviewing this application: | |
| | | |
| Parent/Guardian Name (Printed): | Signature: | Date: |
| TUSD VERIFICATION: TO BE COMPLETED BY SCHOLLER Learning Support Coordinator, Social Worker, Family Return completed application to: EEF, 3809 E Third St., Has the parent/guardian signed a photo release for this statement. | / Liaison, Nurse, Health Assistant, Counselor, Stu Tucson, AZ 85716, 520-325-8688 (phone), 520-325 | udent Success Specialist, Office Manager, etc.). 5-8579 (fax), info@eeftucson.org, www.eeftucson.org |
| Has student participated in an EEF Shoe Shopping Day a | already this school year? Yes No | If yes, when (month/year)? |
| Preferred Shoe Shopping Date: | | |
| Preferred Shoe Shopping Time Slot (<i>REQUIRED</i>): Select indicates the hour during which you will arrive at Payless | ct a first and second choice by writing #1 for your firs | st choice and #2 for your second choice. The time slot |
| 9am – 10am _{EE} | 10am – 11am_ EF reserves the right to assign a time slot other than the time slot red | 11am – Noon |
| Describe any special circumstances EEF should consider | r when reviewing this application: | |
| | TUSD employee authorizing this application: | ; |
| Print Name: | Title: | |
| Signature: | | Date: |
| School Phone Number: | Email Address: | |
| TUSD employee a Transporting TU | assigned to accompany student to Payless Shoe USD students to activities off school campus must comply with appli | eSource (REQUIRED): icable TUSD policies. |
| Print Name: | Title: | |
| Cell Number (for day of Shoe Shopping): | Email Address: | |



Ciclo Escolar 2018-2019 Fundación para una Educación Enriquecida (EEF) Solicitud para Compra de Zapatos

| Información racial/étnico(a) del estudiante: Nativo Ame | ` = | o(a) Nativo | Hawaiano(a)/Polinesia | Asiático(a) | Blanco(a) |
|--|--|--|---|--------------------|--------------|
| Nombre de la Escuela: | | | Grado: | | |
| El estudiante califica para asistencia de comida: (escoge ur | no) 🔲 GRATIS o | REDUCIDA | Ą | | |
| Tamaño del zapato (si se conoce): | Color de calzado prefe | rido: | | | |
| Describa cualquier circunstancia que EEF deberá considera | ar cuando revise su solicitud: | | | | |
| Padre/Tutor Legal (Letra impresa): | Firma: | | | Fecha: | |
| TUSD VERIFICATION: TO BE COMPLETED BY SCHOOL Learning Support Coordinator, Social Worker, Family Line Return completed application to: EEF, 3809 E Third St., Tu | iaison, Nurse, Health Assista | nt, Counselor, St | udent Success Specia | list, Office Manag | ger, etc.). |
| Has the parent/guardian signed a photo release for this stud | dent? Yes No | Unsure [| | | |
| Has student participated in an EEF Shoe Shopping Day alre | eady this school year? Yes | ☐ No ☐ | If yes, when (month/ | year)? | |
| Preferred Shoe Shopping Date: | | | | | |
| Preferred Shoe Shopping Time Slot (REQUIRED): Select a indicates the hour during which you will arrive at Payless wi | a first and second choice by wri | ting #1 for your firs | st choice and #2 for you | r second choice. T | he time slot |
| 9am – 10am | 10am – 11am_ reserves the right to assign a time slot of. | her than the time slot re | 11am – Noon_ guested. | | |
| Describe any special circumstances EEF should consider w | hen reviewing this application: | | | | |
| | TUSD employee authorizing | this application | : | | |
| Print Name: | Title: | | | | |
| Signature: | | | Date: | | |
| School Phone Number: | Email Addre | ess: | | | |
| TUSD employee ass Transporting TUSD | signed to accompany studen O students to activities off school campus | t to Payless Shoe must comply with appl | Source (REQUIRED): icable TUSD policies. | | |
| Print Name: | Title: | | | | |
| Cell Number (for day of Shoe Shopping): | Email Addre | ess: | | | |
| | | | | | |