



**School Uniform Assistance  
Application Form  
2024-2025**



School: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Phone number \_\_\_\_\_

**Is this scholar's family currently homeless or in an unstable housing situation? Yes ☐ No ☐**

**For example, are they living in a hotel or temporary shelter?**

**Is the family living with other families/friends? Additional services may be provided.**

Child's Name	MSIS number	Male or Female	Age	Shirt size	Pants/skirt size

***Please note:***

- If you believe your scholar needs either slim, toddler, "X" or husky sized clothing, please indicate that above, i.e. pants size: 4 T, 6x, 8 slim, 10 husky, etc.

*If we are able to assist with uniforms for your student (s), please indicate how you will receive the uniforms:*

☐ *School personnel will pick up at the Partners in Education office, located at Chastain Middle School's 6th grade building.*

☐ *Uniforms will be sent to the school to the attention of \_\_\_\_\_ for parent pick-up.*

*Principal's Signature:* \_\_\_\_\_

***Please send this completed form to:***

Partners in Education ▪ 4650 Manhattan Road, Jackson MS 39206

or

Via email to: Tonisha Jones

***Interoffice Use only:***

Date received: \_\_\_\_\_

Date shipped: \_\_\_\_\_

Total items sent: \_\_\_\_\_

Completed by: \_\_\_\_\_