

Kent Area Council PTA Clothing Bank

Family Name: _____

Registration Form

KAC/PTA # _____

Last Name of Parent/Guardian

Kent Phoenix Academy
11000 SE 264th St
Kent WA 98030

of Boys: _____

of Girls: _____

First Name of Parent/Guardian

Total Children: _____

Language spoken at home: _____

Phone #: _____ Email: _____

Children Authorized to receive Clothing:

				Official Use
Boys - Names	School	Grade	Age	Dates Visited
1)				
2)				
3)				
4)				
5)				
6)				
Girls - Names	School	Grade	Age	
1)				
2)				
3)				
4)				
5)				
6)				

Please bring Picture ID each time

Proof KSD residency presented _____ for clothing bank use only

DATE & TYPE OF ID

This form will authorize the above named students to receive clothing and school supplies ***as available*** from the KAC PTA Clothing Bank.

Clothing Bank Services are provided FREE of charge to Kent School District students, preschool aged children, and babies.

A new registration form is required each year.

To be authorized/signed by KSD School personnel or an approved Kent agency:

Name: _____ Signature: _____ Agency: _____

Position: _____ Phone: _____ Date: _____