

STUFF THE BUS REQUEST FOR ASSISTANCE

Parent Information

Parents' Name(s) _____

Address _____

Phone Number _____

Child Information

Child's Name _____

Child's Age _____ Child's Grade _____ Sex of Child: Male Female

School Child Attends _____

Child's Name _____

Child's Age _____ Child's Grade _____ Sex of Child: Male Female

School Child Attends _____

Child's Name _____

Child's Age _____ Child's Grade _____ Sex of Child: Male Female

School Child Attends _____

Child's Name _____

Child's Age _____ Child's Grade _____ Sex of Child: Male Female

School Child Attends _____

If additional space is needed for more children, please make copies of this form and/or attach additional pages.

Mail completed forms to: Grove City Area United Way P.O. Box 388 Grove City, PA 16127