



Tools 4 School

Application Form 2017

Attach:

Parent(s)/Guardian Source of Income:
-A Copy of your 2016 Tax assessment required

Answer:

Any supplies on the school list that you do **not** need? (traditional option)

Any likes/dislikes of your child that we should be aware of?

Do you live in:
the **City of Lacombe** or **Lacombe County**? (circle one)

Signature of Parent/Guardian : _____

Note: Supplies will be available for pick up on:

Wednesday, August 30 th 9-4pm
& Thursday, August 31 st 9-4 pm



Lacombe FCSS Office #201 5214 - 50 Ave
(2nd Floor of the Lacombe Memorial Centre)

We rely upon our community to donate the supplies you need. BASIC PACKAGES will be provided, however **if you do not need some of the items in your package, please return them to us** or to your school secretary, so that other students may use them.

Office use only:

Supplies Picked Up: _____

DATE: _____