



OPERATION SCHOOL BELL®
REQUEST FOR CLOTHING FORM

For Office Use

SCHOOL _____ TEACHER _____

STUDENT'S NAME _____ (M) _____ (F) _____ GRADE _____ AGE _____

AUTHORIZING PERSON _____ DRESSING DATE _____

Note: Above information is to be completed by School. Form remains the property of OSB, and is not to be sent home with the child.

Shoe Card Number _____

Station 1	Jeans
Place Bar Code Here OR Size	

Jeans
Place Bar Code Here OR Size

Station 2	Tee Shirt
Place Bar Code Here OR Size	

Tee Shirt
Place Bar Code Here OR Size

Station 3	Underwear
Place Bar Code Here OR Size	

Station 4	Socks
Place Bar Code Here OR Size	

Station 5	Sweatshirt
Place Bar Code Here OR Size	

Station 6	Jacket
Place Bar Code Here OR Size	

Hygiene Kits YES NO

Book YES NO

Volunteer _____