School Year 2016-2017
Educational Enrichment Foundation
Shoe Shopping Application

PLEASE PRINT LEGIBLY. Complete ALL sections. Leave no blanks. Incomplete applications will not be considered. Students must meet eligibility requirements. Eligible students may participate in no more than ONE shoe shopping day per school year, if funding is available. Please fax completed application to EEF at 325-8579, on or before due date announced. For questions, call EEF at 325-8688.

Student's Name: *(Last)* _____ *(First)* _____

Home Telephone Number: _____ Date of Birth: _____ Male ☐ or Female ☐

School Name: _____ Grade: _____

Student qualifies for: FREE ☐ or REDUCED ☐ meal assistance.

Describe any special circumstances EEF should consider when reviewing this application:

Parent/Guardian Name (Printed): _____ Signature: _____ Date: _____

TUSD VERIFICATION: TO BE COMPLETED BY SCHOOL SITE REPRESENTATIVE (e.g. Principal, Assistant Principal, Community Representative, Learning Support Coordinator, Social Worker, Family Liaison, Nurse, Health Assistant, Counselor, Student Success Specialist, Office Manager, etc.).
Return completed application to: EEF, 3809 E Third St., Tucson, AZ 85716, 520-325-8688 (phone), 520-325-8579 (fax), info@eeftucson.org, www.eeftucson.org

Has the parent/guardian signed a photo release for this student? Yes ☐ No ☐ Unsure ☐

Has student participated in an EEF Shoe Shopping Day already this school year? Yes ☐ No ☐ If yes, when (month/year)? _____

Preferred Shoe Shopping Date: _____

EEF reserves the right to assign a date other than the date requested.

Preferred Shoe Shopping Time Slot (*REQUIRED!*): Select a first and second choice by writing #1 for your first choice and #2 for your second choice. The time slot indicates the hour during which you will arrive at Payless with students. Your group may stay at Payless as long as necessary.

9am – 10am_____ 10am – 11am_____ 11am – Noon_____

EEF reserves the right to assign a time slot other than the time slot requested.

Describe any special circumstances EEF should consider when reviewing this application:

TUSD employee authorizing this application:

Print Name: _____ Title: _____

Signature: _____ Date: _____

School Phone Number: _____ Email Address: _____

TUSD employee assigned to accompany student to Payless ShoeSource (REQUIRED!):
Transporting TUSD students to activities off school campus must comply with applicable TUSD policies.

Print Name: _____ Title: _____

Cell Number (for day of Shoe Shop): _____ Email Address: _____