



Ciclo Escolar 2016-2017
Fundación para una Educación Enriquecida (EEF)
Solicitud para Compra de Zapatos

FAVOR DE ESCRIBIR LEGIBLEMENTE. Complete **TODAS** las secciones. No deje secciones incompletas. No se considerarán solicitudes incompletas. Los estudiantes deberán cumplir con los requisitos de elegibilidad. Los estudiantes elegibles podrán participar únicamente en UNA compra de zapatos por año escolar si existen fondos disponibles. Favor de enviar un fax a EEF al 325-8579 con la solicitud completa el día o antes del día anunciado. Para preguntas, favor de llamar a EEF al teléfono 325-8688.

Nombre del Estudiante: _____ (Apellido) _____ (Primer Nombre)

Número Telefónico en Casa: _____ Fecha de Nacimiento: _____ Masculino o Femenino

Nombre de la Escuela: _____ Grado: _____

El Estudiante califica para: Asistencia de almuerzo GRATUITO o REDUCIDO

Describa cualquier circunstancia que EEF deberá considerar cuando revise su solicitud:

Padre/Tutor Legal (Letra impresa): _____ Firma: _____ Fecha: _____

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@eefucson.org, www.eefucson.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: _____