

Parents **MUST** have **ALL** Application Forms returned to your students

teacher by: or **before** the
Tux fitting



S.N.E.A.P.P.

(Special Needs Education Assistance - Prom Program)

Parents/Guardians Short Application Form

Date: August 18th, 2019

This form is to be used by a parent, for the purpose of making a request to help rent a Tux with help from S.N.E.A.P.P. for the below mentioned student to attend the school Prom.

Request # (for Office use Only): _____ Application Date: _____

Student's Last Name: _____ First: _____ M.I.: _____

Mother's Name Last: _____ First: _____ M.I.: _____

Father's Name Last: _____ First: _____ M.I.: _____

Foster Parent Name Last: _____ First: _____ M.I.: _____

Guardian's Name Last: _____ First: _____ M.I.: _____

Student's Address: _____

City: _____ State: _____ Zip: _____

County: _____

Home Phone :() _____ - _____ Cell Phone :() _____ - _____

Work Phone :() _____ - _____ Extension: _____

Best Time to Call: _____ May we call you at work? _____

Student's School: _____ Student's Teacher: _____

Referral Person: _____

S.N.E.A.P.P.

- Tuxes are available on a First Come First Serve basis.

Type of Request(Pick only one): Tux only

**** (Parents and teachers are not to make any arrangements on their own, You will be notified about your Dress or Tux Request once your student is approved)****

**** (Special Kid's Day, Inc. and S.N.E.A.P.P will not be responsible for items purchased, rented, or barrowed. Tom Leuck Chairman)****

- All Requests are assigned a Request Number.

- Incomplete Requests will NOT be considered for Funding!!

* I swear that all of the above information is True. I here-by grant my permission for my student to attend the Prom at: _____ on (Date): _____ at(time): _____ .

Signed: _____ Dated: _____
(Parent or Guardian)

I also grant my permission for my students to have His or Her picture taken at the Prom . I also understand that the Photos will be used at the Special Kid's Day, Inc. Web Site and that site only.

Signed: _____ Dated: _____
(Parent or Guardian)

Request Approved By: _____ Date: _____
(Signature of SKD, Inc. Director)

Please return this form to your students instructor. Do not return to SKD, Inc.

Forms may also be obtained on our Web Site: www.skdinc.org

Go to: Special Needs Education Assistance Prom Program

Click on Parents Application

You are welcome to contact Special Kid's Day, Inc. with any questions you may have by calling: (715) 861-5542 and ask for Tom L or E-mail me @ tom@skdinc.org

Thank you,

Tom Leuck
Chairman, Board of Directors
Special Kid's Day, Inc.