



## UNIFORM PROGRAM APPLICATION: Operation School Bell

School:	School District:
Address:	
Telephone:	School hours:
Principal:	Email Address:
<b>Please Note: Accurate information is needed for the following questions so that we can determine the number of students in your school who need our assistance with uniform clothing.</b>	
What is current enrollment number for each grade from kindergarten through sixth grade?	
K _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____	
Percentage of students currently wearing uniforms:	
Percentage of students on Free and Reduced Lunch Program:	
Year uniform program began	Is it Voluntary or Mandatory?
What is your uniform policy?	
Number of days per week uniforms are worn	
What color is considered uniform?	
Tops _____	
Bottoms _____	
Are a majority of parents supportive of your school's uniform program?	
Do you have other sources for uniforms? _____ Yes _____ No	
If so, who is your source?: _____	
Name and position of person completing application/update:	
_____ Date _____	
Phone #:	Email:

Please either email the application to. [osb@alstl.org](mailto:osb@alstl.org) or mail to:  
Assistance League St. Louis, ATTN: Operation School Bell, 30 Henry Avenue,  
Ellisville, MO. 63001