Please complete this form and return it to a teacher, guidance counselor, Caring Closet representative, or a Caring Closet mailbox – located in the MSHS or ELEM office. Be as thorough as possible to get exactly what you are looking for.

ECS Contact (teacher, guidance counselor, etc):

Student Name:

Gender: Male Female Neutral

Age:

Size for shirts/tops:

Size for pants:

Coat Size:

Shoe Size:

Favorite color(s) or styles:

Here are some of my own notes about the clothes I would like:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of needed clothing items:

|  |  |  |
| --- | --- | --- |
| Item | How manyneeded | Description – color, type of fabric, style |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |