



PARENT/GUARDIAN'S NAME _____

MAILING ADDRESS _____
(Street) (City) (Zip)

PHONE NUMBER _____

Email: **(Must provide)** _____

Self declared, total family gross monthly income: \$ _____

Number in household: _____

Signature

Date

Child's Name _____

Grade _____ Sex _____ School _____

Child's Name _____

Grade _____ Sex _____ School _____

Child's Name _____

Grade _____ Sex _____ School _____

Child's Name _____

Grade _____ Sex _____ School _____

Child's Name _____

Grade _____ Sex _____ School _____

If your child is a Patrick Henry Middle School Gr. 5 – 8) student:

Is he/she in Choir? Yes _____ No _____

If yes, name of student(s): _____

Is he/she in Ms. Roberts', Mrs. Kaufman's, or Mrs. Kirkendall's class? Yes _____ No _____

If yes, name of student(s): _____

Form must be returned by August 3rd to:

United Way of Henry County
611 N. Perry St.
Napoleon OH 43545