

**BACK TO SCHOOL\* REFERRAL FORM  
FOR K-5<sup>TH</sup> GRADERS**

CROSSOVER DOWNTOWN OUTREACH MINISTRY – 2020



**DOWNTOWN OUTREACH MINISTRY**

Please PRINT CLEARLY

Parent Name (first and last):							
Date of Birth:							
Street Address:							
City:		State:		Zip Code:		Phone Number:	
Alternate Phone Number where you can be reached:							
Child's Name (first and last)	Date of Birth	Boy or Girl	Size Category <i>(i.e. Child, Women's, Men's)</i>	Shirt Size <i>(number sizes ONLY – 5, 6, 7, 8, 10, 12, 14, 16, 18, 20, etc.)</i>	Pant Size <i>(number sizes ONLY – 5, 6, 7, 8, 10, 12, 14, 16, etc. If mens, must include waist x inseam)</i>	Shoe Size <i>(Note child or adult)</i>	What SCHOOL do they attend?
		<input type="checkbox"/> M <input type="checkbox"/> F					
		<input type="checkbox"/> M <input type="checkbox"/> F					
		<input type="checkbox"/> M <input type="checkbox"/> F					
		<input type="checkbox"/> M <input type="checkbox"/> F					

*I am NOT signed up for Back to School help with any other agency of church and understand that Crossover will check with area agencies to insure this is true.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.