

SCHOOL SUPPLIES APPLICATION 2024

DATE: _____

PLEASE PRINT

PARENT(S)/GUARDIAN NAME: _____

ADDRESS: _____ **Wethersfield, CT 06109**

Telephone: (860) _____

STUDENT INFORMATION

CHILD #1

NAME (FIRST AND LAST): _____ **Entering Grade:** _____

School (Please Check) Charles Wright _____ Hanmer _____ Highcrest _____ Webb _____
Emerson Williams _____ Corpus Christi _____ SDMS _____ WHS _____ Other _____

.....
CHILD #2

NAME (FIRST AND LAST): _____ **Entering Grade:** _____

School (Please Check) Charles Wright _____ Hanmer _____ Highcrest _____ Webb _____
Emerson Williams _____ Corpus Christi _____ SDMS _____ WHS _____ Other _____

.....
CHILD #3

NAME (FIRST AND LAST): _____ **Entering Grade:** _____

School (Please Check) Charles Wright _____ Hanmer _____ Highcrest _____ Webb _____
Emerson Williams _____ Corpus Christi _____ SDMS _____ WHS _____ Other _____

.....
CHILD #4

NAME (FIRST AND LAST): _____ **Entering Grade:** _____

School (Please Check) Charles Wright _____ Hanmer _____ Highcrest _____ Webb _____
Emerson Williams _____ Corpus Christi _____ SDMS _____ WHS _____ Other _____

.....
OFFICE USE ONLY

RESIDENCY VERIFICATION (current Utility Bill) _____