

The 2nd Annual Seminole County Back 2 School Bash is a family-friendly event providing eligible families with free school supplies, backpacks, school physicals and much more! Completely funded by private donations and in-kind contributions, this event will introduce parents and children to a wide range of education, health and social services.

Eligibility Guidelines

Recipients of free school supplies MUST be Seminole County Public School (SCPS) students entering **VPK (excluding private daycare/schools)** through 12th grade. ***All preregistered students will receive a backpack on the first day of school, not at the event. If a parent is not available, please print the name of the person that will accompany your child for services. Name:** _____

To pre-register, parents and/or guardians of students must complete the registration form below and provide the following:

(For PARENTS: a valid picture ID)

(For STUDENTS: Proof of SCPS enrollment and a Birth Certificate or current shot record)

(Picture ID includes: Florida drivers license, Florida identification card, Military identification, or foreign consulate-issued identification. SCPS registration documents includes: previous report cards, school assignment documentation and/or student ID cards).

ALL APPLICANTS must forward a complete application and copies of documentation by 5PM on **8/7/15** to:

HAND-DELIVER: 534 W. Lake Mary Blvd Sanford Florida 32773

2nd Annual Seminole County Back 2 School Bash Application

Please indicate the services that are needed: Physical (Medicaid or out of pocket fee of \$30) Immunization Dental Screening Haircut
 Backpack/supplies Other (please specify) _____

Have you registered for any other Seminole County Back to School Events for 2015? (i.e. F.I.T.) Yes No

Parent Name: _____ Gender: _____

Address: _____ City: _____ Zip Code: _____

Telephone: _____ Email: _____

Child #1 Full Name: _____ Gender: _____

Age: _____ School: _____ Grade: _____

Child #2 Full Name: _____ Gender: _____

Age: _____ School: _____ Grade: _____

Child #3 Full Name: _____ Gender: _____

Age: _____ School: _____ Grade: _____

Child #4 Full Name: _____ Gender: _____

Age: _____ School: _____ Grade: _____

Child #5 Full Name: _____ Gender: _____

Age: _____ School: _____ Grade: _____

Would you like to hear about other events and programs offered by Seminole County Community Services Community Assistance? Y N

OFFICE USE ONLY *****DO NOT WRITE BELOW*****

Eligible: Yes No Voucher Number: _____

Approved by: _____ Date: _____