

Winter Gear Request Form

Return this completed form to the nurse's office by Wednesday, November 11th.
Requests will be filled and sent home with students starting Monday, November 16th.



Student Name: _____ Teacher: _____

Please select the items your child needs this year:

- Coat Size: _____ Color Preference 1: _____ Color Preference 2: _____
- Snow Pants Size: _____
- Boots Size: _____
- Gloves Size: _____
- Hat

**Requests will be filled as long as items are available.
Contact the nurse's office at 927-7725 with any questions.**