ACS SCHOOL UNIFORM SWAP - PARENT INVENTORY FORM

Student Name: _____Homeroom_____

Parent/Guardian Name: _____

Contact #: _____

e-mail: _____

☐ I am donating the items listed below and would like vouchers to participate in the School Uniform Swap.

☐ I am donating the items listed below and will NOT participate in the School Uniform Swap.

DONATED ITEM(S)				
Qty	**Description of item**	**Size**	**Check if item has been altered**	**Describle Alteration (shortened, taken in, etc.)**

Total # vouchers issued_____Total $ amount of vouchers_____

A copy of this form will be returned with your vocher(s) to your child in the HR listed above. Please keep with your records. You will need the vouchers to buy at the swap. If school is not in session, we will hold the voucher at the clothing swap for you. We will also notify you via your e-mail.

PLEASE BRING YOUR VOUCHERS WITH YOU

WHEN YOU COME TO THE CLOTHING SWAP