



Referral Form

Must be printed on letterhead from referring school, agency, or place of worship.

We encourage you to modify the layout of this page to fit on your letterhead, but please do not delete eligibility information.

Parent Name(s): _____ **Date of Referral:** _____

Address: _____ **City:** _____ **Zip:** _____

Telephone Number: (____) _____

Please fill in ALL student information. CTKRI serves students K–12th grade and those working toward a GED. Pre-K is not eligible to shop, please do not include these names on this form.

Student Names:

_____	School: _____	D.O.B. _____
_____	School: _____	D.O.B. _____
_____	School: _____	D.O.B. _____
_____	School: _____	D.O.B. _____
_____	School: _____	D.O.B. _____

Referred By: _____ **Title:** _____ **Tel No. ()** _____
(Print Name) (Print Title)

Signature: _____

Note to Parents/Guardians: *To shop, you **must call** Clothes To Kids Rhode Island at (401) 941-8050 **to make an appointment**. Please bring this referral with you to your appointment along with a photo ID*

For more information, visit us at www.clothestokidsri.org