



# Alpine School District Foundation

Juniro High Schools Gym Shoes Project



## Request for Shoes



date \_\_\_\_\_  
day/month/year

Student:

male  female grade \_\_\_\_\_ shoe size \_\_\_\_\_ school \_\_\_\_\_

Referred by:

P.E. Teacher  Counselor  Principal  Other (list) \_\_\_\_\_

(Check one or all that are appropriate)

Name of staff member making the request: \_\_\_\_\_

Feedback to the donors about the success of this program will encourage future funding and support. Letters or notes from students, parents, teachers, or the school staff would be very helpful in this regard. Please comment about the need or value of this project or the response of students, parents, or staff:

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Please return this form and all other notes or letters to the Alpine Foundation Office.



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