DATE:	
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CHRISTMAS HOLIDAY CHEER: STUDENT WISH LIST 2025

THIS FORM HELPS THE WOMEN KNOW HOW IN GIFT PURCHASING SPECIFICALLY FOR THE STUDENT. ALL INFORMATION IS CONFIDENTIAL AND USED ONLY BY OUR TEAM. BY FILLING OUT THE FORM, YOU/ THE PARENT CONSENT TO THE INFORMATION USED SOLEY FOR HOLIDAY ASSISTANCE COORDINATION.

FULL NAME (STUDENT):		NAME OF G	NAME OF GUARDIAN:		
AGE:		MALE/ FEM	MALE/ FEMALE (OPTIONAL):		
GRADE:		HOMEROO	HOMEROOM TEACHER:		
FORM OF COMM	JNICATION: (PHONE, SC	CHOOL COUNSELOR,	EMAIL):		
BRIEF EXPLANAT	ION OF STUDENT'S SITU	ATION:			
GROCERY STORI WALMART):	E (IF GROCERIES ARE NE	EDED FOR THE STUD	ENT'S FAMILY I.E. KRO	OGER, HEB,	
PLEASE SPECIFY ETC.)	IF THE SIZE IS YOUTH C	OR ADULT, AND WHE	THER IT IS NUMERIC	OR LETTER (S/M/L,	
COAT SIZE:	PANT SIZE:	SHIRT SIZE:	SHOE SIZE:	PAJAMA SIZE:	
WISH LIST:					
SPECIAL INTERES	STS/ HOBBIES (I.E. BOOK	K INTEREST):			

FOR INTERNAL USE - DATE OF GIFT DELIVERY TO SCHOOL: _______