



Clothes To Kids Referral Form

THIS FORM IS TO BE COMPLETED BY REFERRING AGENCIES ONLY
Please fill in completely and sign

Date of Referral: _____
(Note: will expire in two months from date)

Name of Referring Agency: _____

Name of Parent/Guardian: _____

Email: _____

Address: _____

City/Zip: _____ Phone Number: _____

Student's names: (Please fill in all information)

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

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

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

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

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

I am familiar with the family above and can confirm the child/children listed is/are enrolled in Hillsborough or Pinellas County schools in grades PreK4-12 and can verify their needs. Children enrolled in Pre-K3 are NOT eligible.

Name and title of Agency Representative (print please): _____

Signature: _____ Phone Number: _____

Note to Shoppers: Shopping is by appointment only – Call or visit www.clothestokids.org

Clearwater Store
1059 N Hercules Ave
Clearwater, FL 33765
(727) 441-5050

St. Pete Store
2168 34th St S
St. Petersburg, FL 33711
(727) 441-5050

Tampa Store
5011-H West Hillsborough Ave
Tampa, FL 33634
(813) 616-6430