

# Renville County School Supplies Permission

I would like to request school supplies for my children. I give permission to release the following information to CIRCLE. CIRCLE will be distributing supplies in August before the start of school. I understand that I may not get all items required and that I will be contacted to let me know when and where to pick up those supplies in my school district.

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Street and P.O. Box	City	Zip Code
Child's name	Grade entering in fall	School District

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/guardian signature required

date

*Please mail this form to to: CIRCLE, P.O. Box 225, Renville, Mn 56284*

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