



Dear Parent/Guardian:

In order for your child to receive assistance in getting eye glasses from the Lion's Club, we must have the following information. The information you provide will be treated confidentially:

Vision Screening:

Student's Name

School

Grade

Date

Test Results

Student's Address

Date

Test Results

City, State, Zip

Phone Number

Age

Comments

1. List all other children living in household:

Name: Last, First, Initial (Please Print)	Age
1.	
2.	
3.	
4.	
5.	

2. List the current household income (before deductions) for everyone living in your household including yourself.

Name: Last, First, Initial	Age	Employer	1 st Job 2 nd Job Other		
			Monthly Salary	Monthly Salary	Monthly Income
1.					
2.					
3.					
4.					
5.					

3. List any special problems or circumstances that would cause a financial hardship on your family at the present time:

I CERTIFY THAT ALL INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature of Parent/Guardian

Date

Phone Number