



Walton County Sheriff's Office

School Supply Application

Child's Information

Name: _____

Address: _____
Street Address *Apartment/Unit #*

_____ _____
City *State* *ZIP Code*

School: _____ Grade Level: _____

Birth Date: _____ Gender: _____

Parent or Guardian Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ _____
City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Email: _____

Supplies will be available for pick-up on
July 29th from 11:00 am -1:00 pm at

Pat Covell Park
400 Vann Avenue
DeFuniak Springs, FL 32433.