

# STEP THREE

## ISSAQUAH HIGH SCHOOL - Student Assistance

Student(s) Full Name(s) \_\_\_\_\_

### To Be Completed by Parent or Guardian:

Names of All Household Members

Gross Monthly Income per person

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

(Monthly income conversion: Weekly x 4.33; Every two weeks x 2.15; Twice a month x 2)

Please provide any additional information you wish us to be aware of and that may be pertinent to this assistance request.

I certify that all of the above information is true and correct. I understand that information I provide is being used solely for the assistance of reduced fees or other services for my student(s).

Signature of an Adult Household Member: \_\_\_\_\_

Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Cell Number (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Please return this form into the IHS bookkeeper. If you have any questions please contact the IHS bookkeeper at 425-837-6014 or email her at [pfeiflem@issaquah.wednet.edu](mailto:pfeiflem@issaquah.wednet.edu)