NATIVE AMERICAN EDUCATION PROGRAM

Support & Assistant Request Form

The purpose of the **Puyallup School District Native American Education Program** is to support Native American and Alaska Native Students of the Puyallup School District enrolled in Native American Education Program.

STUDENT INFORMATION

Student Name: _____ Date: _____

School: _____ Grade: _____

Phone: _____ Email: _____

Free/Reduced Lunch: ☐ Yes ☐ No *(This information will not be shared with others and will remain confidential.)*

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

ASSISTANCE / SUPPORT REQUESTED

(Please check all that apply)

☐ Athletic
☐ ASB
☐ School Supplies/Materials
☐ Cap and Gown
☐ Student Fees Assist/Test Fees
☐ Other

REQUEST DETAILS

Please describe the assistance or support you are requesting:

Requested Amount(s), if applicable:

_____ $ _____

_____ $ _____

_____ $ _____

****Please attach documents to support your request***

PARENT / GUARDIAN AUTHORIZATION

By signing below, I confirm that the information provided above is accurage and I am requesting assistance from the Native American Education Program.

Parent/Guardian Signature: _____ Date: _____

FOR NATIVE AMERICAN EDUCATION PROGRAM STAFF USE ONLY

RECEIVED

Received by: _____

Date Received: _____

SUPERVISOR APPROVAL

Approval ☐ Yes ☐ No

Rationale / Notes:

Supervisor Signature: _____

Date: _____

FUNDING SOURCE / AMOUNT

Grant: _____

Amount: $_____

Budget Code: _____

Total Approved: _____

ELIGIBILITY

☐ Free/Reduced Lunch
☐ JOM Eligible

QUESTIONS? CONTACT:

Kayla Guyett
Native American Program Liaison

GuyetKR@puyallupsd.org

253-840-8852

Office Staff: Please return this form to Kayla Guyett at ESC/109. Thank you!