San Bernardino County Superintendent of Schools

Transforming lives through education

Literacy Assembly Support Application

Requestor/Contact Person Information

Name: _____ Requestor Title: _____

Phone #: _____ Alt. Phone #: _____

Email Address: _____

School/District Information:

School District: _____

School: _____

School Address: _____

School Phone #: _____

Principal/Secretary Information:

Principal Name: _____

Principal's Secretary Name: _____

Principal Email Address: _____

Secretary Email Address: _____

Assembly Information

Assembly Date: _____ Vendor/Company: _____

Vendor Contact Number: _

Title: _____

Time(s): _____

Total Cost: _____

I have read and reviewed the literacy assembly support information sheet.

Requestor Signature: _____

Principal Signature: _____

Application Deadline: 3 months prior to assembly date

Submit application to carrie.tabera@sbcss.net with the vendor invoice and W-9 form.