

APPLICATION FOR ASSISTANCE WITH JOM PARENTAL SUPPORT

Parent or guardian must complete application form and submit to the JOM Coordinator.

STUDENT NAME: _____ GRADE _____

PARENT(S) NAME: _____ PHONE _____

ADDRESS: _____

Describe the assistance for which you are requesting and specify any time or date which it is required:

_____ Date Signed _____ Signature of Parent or Guardian

_____ Date Received _____ Signature of JOM Coordinator

This application will be presented at the next monthly JOM Parent Committee Meeting for action.
A written reply will be given. Please submit forms to Elginjom@yahoo.com or school administration office.

*****FOR OFFICIAL USE ONLY*****

Committee Action: _____ Date request reviewed by JOM Parent Committee: _____

Student meets eligibility requirements? Yes _____ No _____

CDIB on File: YES _____ NO _____

Approved with no restriction _____ Approved with restriction _____

Denied (state below) _____ COMMENTS: _____

Signed: _____ Date Mailed: _____

Check #: _____ Amount of Check: _____ Date: _____

To Whom Written: _____ Line Item: _____