

Indian Education Program Support/Assistance Request Form



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

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 and Signature: _____

Assistance/Support Requesting:

- | | | |
|---|--|--|
| <input type="checkbox"/> Academic Support | <input type="checkbox"/> Healthy Choices | <input type="checkbox"/> Scientific/Graphing Calculator Loan |
| <input type="checkbox"/> Attendance Support | <input type="checkbox"/> Native American Cultural Advice | <input type="checkbox"/> Student Fees Assistance |
| <input type="checkbox"/> Credit Retrieval/HS Completion | <input type="checkbox"/> School Supplies/Materials | <input type="checkbox"/> Other _____ |

Details of this request: _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

● **Please attach documents to support your request** ●
 (For example: invoice for supplies, athletic request listing items and fees/costs, expense rationale, etc.)

Questions? Contact one of the following:

Indian Education Specialist:
Michelle Marcoe
marcoma@puyallup.k12.wa.us
 253-840-8852

Program Supervisors:

Vince Pecchia, Chief Instructional Leadership Officer **OR**
pecchivj@puyallup.k12.wa.us
 253-840-8989

John Parker, Chief Academic Officer, Region #2
parkerjg@puyallup.k12.wa.us
 253-840-8986

For Indian Education Program Staff Use Only

Received By: _____ Date Received: _____

Free/Reduced Lunch JOM Eligible Supervisor Approval YES NO

Rationale: _____

Title VII \$ _____ Budget Code: _____ JOM \$ _____ Budget Code: _____

ASB \$ _____ Budget Code: _____ PE \$ _____ Budget Code: _____

Other \$ _____ Budget Code: _____ Total Approved \$ _____

Supervisor Signature: _____ Date: _____

***** Office Staff: Please return this form to Michelle Marcoe at PHS, thank you! *****