

Form must be submitted before event or class takes place to be approved.

**Request Forms
will be reviewed
once a month at
PAC meetings.**

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 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:

- Academic Support
- Athletic
- ASB
- Cap and Gown
- Native American Cultural Advice
- School Supplies/Materials
- Scientific/Graphing Calculator Loan
- Student Fees Assistance/Test Fees
- Other

Details of this request: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Please attach documents to support your request

Questions? Contact one of the following:

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

Program Supervisors:

Dr. Vince Pecchia, Assistant Superintendent Instructional Leadership **OR** **Dr. Arturo Gonzalez**, Director Instructional Leadership K-12
pecchivj@puyallup.k12.wa.us gonzalaa@puyallup.k12.wa.us
253-840-8989 253-840-8986

For Indian Education Program Staff Use Only

Received By: _____ Date Received: _____

Free/Reduced Lunch JOM Eligible Supervisor Approval Yes No

Rational: _____

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

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

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

Supervisor Signature: _____

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