

**GALLUP-McKINLEY COUNTY SCHOOLS
JOHNSON-O'MALLEY
PARENT COST REQUEST FORM 2017-2018**

This form is to be completed by the parent/guardian requesting assistance for services listed in the approved Parent Cost Policy for 2017-2018 school year.

Student Name: _____ Grade: _____

Student CIB# or Tribal Enrollment #: _____ Tribe: _____

School: _____

Mailing Address: _____

Phone Number: _____

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Amount Requested: \$ _____

Purpose of the Request: _____

Parent/Guardian Name: _____

Parent Signature: _____ Date: _____

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PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL.

For more information, contact the JOM Office at (505) 721-1036.