



Johnson O-Malley (JOM)



Youth Information:

Legal Name (First, Last): _____
 Federally Recognized Tribes: _____ Enrollment #: _____ Age: _____
 School: _____ Grade: _____

Parent/Guardian Information:

Student must be enrolled in a federally recognized Tribe and attending the Marysville School District. Funding sources cannot be duplicated with other tribal departments. Students must meet eligibility requirements (ie: student receiving free or reduced lunches are eligible) for JOM fee. All requests are subject to approval from the JOM Director. If you have questions or concerns please contact JOM Director at (360) 716-4931

Legal Name (First, Last): _____
 Signature: _____
 Phone Number: _____
 Mailing Address: _____

Please Select One:

- Mail
 Pick Up

Funding Request: *Must have class schedule attached and invoice of cost.

Shoe Voucher: *Please select one of the vendors below:

- Robert Wayne Nike Fred Meyer Foot Locker

Class Supplies

- Physical Education
 Mathematic Calculator
 Music Choir/Band Rental, etc.
 Art Fees/Supplies
 Extracurricular actives/fees

Extra

- Field Trips/Work Shops
 Credit Retrieval
 Other specifics upon approval account to guidelines
 Graduation Fees/Supplies
 Graduation Stipend

Office Use Only:	Date Received:	Staff Initials:
Coordinator Signature: _____		<input type="checkbox"/> Approved
Executive Signature: _____		<input type="checkbox"/> Approved
Requisition: _____	Starting Balance: _____	
Date: _____	Requested Amount: _____	
Initials: _____	Present Balance: _____	