



## School Supplies/school related fees Application

Student's Name: \_\_\_\_\_ Student's Tribe(s): \_\_\_\_\_

School: \_\_\_\_\_ Teacher \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State, City, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Emergency Phone & Name: \_\_\_\_\_

Please mark what you are applying for:  School Supplies  Band Equipment  School fees  
 Graduation Expenses  Driver's Ed Fees  ASB Fees  Running Start  
 Other \_\_\_\_\_

My child receives:  Free  Reduced Breakfast or Lunch (must be verified by child nutrition services)

I certify that all of the above information is true and correct to the best of my knowledge. I give permission to verify my child's free or reduced lunch status with child nutrition services. I understand that I must qualify for the free or reduced lunch program in order to receive the full amount for extra curricular activities. I understand that I must apply each school year for these services.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

List of supplies requested: (provide vendor information)

---

---

---

---

---

RETURN THIS FORM TO: EDUCATION DEPT., P.O. Box 157 ■ 5016 Deming Road ■ Deming, WA 98244

Email to: [dedwards@nooksack-nsn.gov](mailto:dedwards@nooksack-nsn.gov)

Fax: (360) 592-2125

For questions call: 360 966 9696