

NOOKSACK TRIBE – SCHOOL-AGED CHILDREN CHROMEBOOK ASSISTANCE PROGRAM



Name of Child: _____

Address: _____

AGE: _____ DOB: _____ School: _____ Grade: _____

Parent or Guardian: _____

Parent/ Guardian Email Address: _____

Mail or Pickup Device: _____

Yes, I am interested in receiving Tribal news and updates via text and/or email.

Parent or Guardian SIGNATURE: _____

ENROLLMENT VERIFICATION:

Enrollment Number:
Address Correction:
Guardian Match:
Enrollment Staff Signature:

ICW VERIFICATION:

ICW Signature:

EDUCATION VERIFICATION:

Name of School:	
Grade: _____	<input type="radio"/> 5-14 years old (no verification needed)
	<input type="radio"/> 4 years old -
	<input type="radio"/> 15-19 years old -
School Verification: <input type="radio"/> YES <input type="radio"/> NO	
Education Signature:	

ADMIN STAFF VERIFICATION:

Chromebook Mailed or Picked-up: <input type="checkbox"/> YES <input type="checkbox"/> NO BY: _____ DATE: _____ Staff Initials: _____
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