

JOM Cost Request Form
for Parents, Guardians, and/or School

Section I. Student and Parents/Guardian Information: (completed by parent/guardian)

Required* Attach student grades & attendance

1. Student name: _____ Age: _____ Grade: _____

2. What School does your student attend?: _____

3. Activity Participating in: _____

4. Item Requested: _____ Full Cost: _____ Amount Requesting: _____

5. Parent/Guardian Name: _____

6. Address & town _____

7. Telephone number(s): Home/Cell: _____ Work: _____

Parent/Guardian Signature

Date

Section II. Staff Information:

1. Staff name: _____

2. Activity: _____ Number of JOM students participating: _____

Full Cost: _____ Amount Requesting: _____ Other funding source(s) used: _____

Staff/Representative Signature

Date

Section III. For IEC Members (IEC member only)- Special Conditions, comments, and/or alterations

Approved: (circle one) YES NO Opposed: _____

IEC Chair/Vice Chair Signature

Date

Expenditure Request Questionnaire For School Districts

(Requesting staff members must submit these to the IEC committee in person)

1. **Please explain in detail how this expenditure request meets one of your school districts priorities?**

2. **How will this purchase positively impact JOM students?**

3. **What is the total amount of money being requested?**

4. **Has any funds been raised by the students/school to help supplement this expense? Please explain:**

5. **How many JOM students out of total amount of students? (Please Attach List)**

Requestor's Signature

Job Title

Date