**Johnson O’Malley - Request Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed the JOM Enrollment Form? YES NO

Have you completed the JOM Needs Assessment Survey? YES NO Please complete if you have answered no.

**STUDENT INFORMATION**:

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

School Attending: \_\_ 🗆WS Academy 🗆JCMS 🗆MHS 🗆\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST: Please attach flyer, letter some type of documentation for back up**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2016 Fall** | **509-J event** | **Cost** | **Cost due date** | **Other Information example: Fees for, event date, etc.** |
| Football | 🗆Yes 🗆no | $ |  |  |
| Soccer | 🗆Yes 🗆no | $ |  |  |
| Volleyball | 🗆Yes 🗆no | $ |  |  |
| Cross Country | 🗆Yes 🗆no | $ |  |  |
| Other example - Band | 🗆Yes 🗆no | $ |  | Type of Instrument |
| Other PE, Club | 🗆Yes 🗆no | $ |  |  |
| **2017 Winter** |  | **Cost** | **Cost due date** | **Other Information** |
| Basketball | 🗆Yes 🗆no | $ |  |  |
| Swimming | 🗆Yes 🗆no | $ |  |  |
| Wrestling | 🗆Yes 🗆no | $ |  |  |
| Other example – PE | 🗆Yes 🗆no | $ |  |  |
| Other | 🗆Yes 🗆no | $ |  |  |
| **2017 Spring** |  | **Cost** | **Cost due date** | **Other Information** |
| Baseball | 🗆Yes 🗆no | $ |  |  |
| Softball | 🗆Yes 🗆no | $ |  |  |
| Tennis | 🗆Yes 🗆no | $ |  |  |
| Track & Field | 🗆Yes 🗆no | $ |  |  |
| Other | 🗆Yes 🗆no | $ |  |  |
| Other | 🗆Yes 🗆no | $ |  |  |
| **2017 Summer** |  | **Cost** | **Cost due date** | **Other Information** |
|  | 🗆Yes 🗆no | $ |  |  |
|  | 🗆Yes 🗆no | $ |  |  |

**PARENT INFORMATION:**

Parent/Legal Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: PO Box Warm Springs, OR 97761\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🕾 Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signing this document parent agrees to use the funds for the intended purpose. If funds not used, you must return the payment to Higher Education or risk suspension from receiving JOM services. Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_