

FALLON PAIUTE-SHOSHONE TRIBE

Education Department

Johnson O'Malley Parental Assistance Application

Date: _____

Child's Last Name:	Child's First Name:	Initial
Mailing Address:		
Parent/Guardian Name:	Telephone No.	
Email Address:	Child's DOB:	

Child's Tribal Affiliation:	Enrollment #:	
School:	School Telephone No.	Grade:

Please provide copy of enrollment card.

Please mark what services are most beneficial to you #1-8

- | | |
|--|--|
| <input type="checkbox"/> Assistance with school supplies | <input type="checkbox"/> Assistance with class/lab fees |
| <input type="checkbox"/> Assistance with graduation gowns | <input type="checkbox"/> Assistance with sports fees |
| <input type="checkbox"/> Assistance with school fees
(Graduation fee, Yearly fee) | <input type="checkbox"/> Assistance with testing fees
(ACT, GED, SAT) |
| <input type="checkbox"/> Assistance with correspondence fees | <input type="checkbox"/> Assistance with uniforms |