



GALLUP-McKINLEY COUNTY SCHOOLS

JOHNSON-O'MALLEY PROGRAM PARENT COST REQUEST FORM 2019-2020 FOR CAPS AND GOWNS ONLY

This form is to be completed by the parent/guardian requesting financial assistance for the eligible graduating senior's cap and gown per the approved Parent Cost Policy for 2019-2020 school year.

Student Name: _____ Grade: _____

Date of Birth: _____

Student CIB# or Tribal Enrollment #: _____ Tribe: _____

School: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

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Amount OF CAP AND GOWN: \$_____

Purpose of the Request: FINANCIAL ASSISTANCE FOR ELIGIBLE STUDENT

Parent/Guardian Name: _____

Parent Signature: _____ Date: _____

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PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL.
For questions regarding this form, contact your child's school.