



# GALLUP-McKINLEY COUNTY SCHOOLS

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

This form is to be completed by the parent/guardian seeking reimbursement for their child's cap and gown.

**DIRECTIONS FOR PARENTS:** Please complete all required information on this form. Incomplete forms will not be accepted. Attach the original receipt of the amount paid for the cap and gown. Copies of the receipt will not be accepted. Submit all forms directly to the JOM office located 640 Boardman Drive in Gallup or mail to PO Box 1318 Gallup, NM 87301. If you have any questions on this reimbursement, please call the JOM Director at (505) 721-1036.

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 paid for CAP AND GOWN: \$ \_\_\_\_\_ Name of Vendor: \_\_\_\_\_

Purpose of the Request: REIMBURSEMENT FOR CHILD'S CAP AND GOWN

Parent/Guardian Name (print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_