

**Student Information**

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

\_\_\_\_\_  
Students Last Name                      First Name                      Middle

\_\_\_\_\_  
Date of Birth              Age              Grade                      696-\_\_\_\_-\_\_\_\_  
Enrollment Number

**PARENT/GUARDIAN INFORMATION**

\_\_\_\_\_  
Last Name                      First Name                      Middle

\_\_\_\_\_  
Address                      City                      State                      Zip

\_\_\_\_\_  
Parent/Legal Guardian Social Security Number              Phone Number

\_\_\_\_\_  
Parent/Legal Guardian Signature                      Date

**I REQUEST THE SCHOOL TO VERIFY ENROLLMENT AND OR/ATTENDANCE FOR THE ABOVE NAMED STUDENT.**

**School Admission Office**

I Certify that the above student is currently enrolled at \_\_\_\_\_  
And will be:

\_\_\_ Attending School on Campus                      (School Stamp/Seal)

\_\_\_ Distance Learning Online

School Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Signature of School Official:                      Title

2020 SCHOOL COVID-19 READINESS ASSISTANCE PROGRAM (SCRAP)  
INTENDED USE OF ASSISTANCE FUNDS

- Education Supplies for the children – pencil, pens, paper, crayons, text books, notebooks, binders, ink cartridges, desk, chair, etc. **(A)**
- Electronic Items – Laptop, Chromebook, Ipad, Tablet, printer, scanner
- Cleaning Supplies for home.
- Personal protective equipment (PPE) masks, gloves and Hand sanitizer for your Student
- Food for Student
- Utilities (Additional costs because your Student(s) are distance learning)
- Personal Hygiene Products **(A)**
- Approved School Uniforms (Only) are allowed through the 2020 School COVID-19 Readiness Assistance Program
- Other

I \_\_\_\_\_ hereby certify that I am the Custodial Parent/Legal Guardian of the above stated child and the information is true and correct and if requested by the Quechan Indian Tribe can provide additional documentation in support of this information. I also certify that these assistance funds will be used as intended due to the Covid-19 Pandemic.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**(A) Please check these items only if you did not check them for the Emergency Assistance Program**

- Note - You do not need to provide any documentation for purchases or payments after you have received your check, however it is recommended that you save your receipts for future reference.