



REQUEST FOR FAMILY ASSISTANCE

Parent Name: _____ Date: _____

Home Address - Street _____ Apt./Unit: _____

City: _____ Best Phone #: _____

School Child Attends: _____

Please write your request in the space below.

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| PARENT SIGNATURE: _____ |

CIS Staff Signature: _____ Date: _____

School Principal Signature: _____

FOR CIS ADMINISTRATIVE USE

| REQUEST APPROVED/DENIED | EXECUTIVE DIRECTOR SIGNATURE | DATE |
|-------------------------|------------------------------|------|
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