

# Student Requisition Form for Kids ROCK, Inc.

## Requester's Contact Information

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

## Availability

During which hours are best suitable to communicate with you?

Mornings

Method \_\_\_\_\_

Afternoons

Method| \_\_\_\_\_

Evenings

Method| \_\_\_\_\_

## Assistance Needed

Tell us in which areas your student might need assistance in:

School Supplies

Sporting Equipment

Clothing

Traveling Expenses

Shoes

Meal Funding

Academic Support

Classroom Project/Resource

Other ( Please specify) \_\_\_\_\_

## Description of the Student

Summarize the reason this student was chosen based on needs, achievement, and or support. Please include age and gender of the student as needed to appropriately fill request.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed) \_\_\_\_\_

Signature & Date \_\_\_\_\_

## Office Use Only

\_\_\_\_\_ Date Received

\_\_\_\_\_ Application Finalized