

SAC AND FOX NATION

COVID-19 EDUCATION ASSISTANCE PROGRAM

The assistance program has limited funding for a short time period. Funding will be critical for the Sac and Fox Nation school age member Pre-K through 12th grade. This program will ensure that the Sac and Fox elementary – secondary students will have access to needed equipment for virtual learning.

APPLICATION FOR WIRELESS HEADSET

(PLEASE INCLUDE A COPY OF YOUR CHILD'S ENROLLEMENT CARD)

STUDENT LAST NAME	FIRST NAME	MIDDLE
/ /		
SOCIAL SECURITY NUMBER	D.O.B.	S&F ROLL #

PARENT/GUARDIAN INFORMATION:

LAST NAME	FIRST NAME	MIDDLE	
ADDRESS	CITY	STATE	ZIP CODE
PHONE #	E-MAIL ADDRESS		

REQUEST SCHOOL TO VERIFY ENROLLMENT

I CERTIFY THE ABOVE STUDENT IS CURRENTLY ENROLLED AND ATTENDING _____

Name of school

GRADE: _____ SCHOOL YEAR: _____

ADDRESS: _____ TELEPHONE #: _____

SIGNATURE OF SCHOOL OFFICIAL _____ TITLE _____

DATE _____

SCHOOL STAMP OR SEAL:

APPLICANT: I HEREBY CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, ALSO CERTIFY THE DEVICE WILL BE USED FOR MY CHILD'S EDUCATIONAL NEEDS AND IS NEEDED TO ASSIST WITH DISTANCE LEARNING.

SIGNATURE: _____ DATE: _____



Sac & Fox Nation
Education Department Equipment Waiver
Covid-19 CARES Act Program

- Sac and Fox Nation Education Department is not responsible for damages, lost, or stolen equipment and or warranty expiration once in possession of Parent/Guardian. If any above has occurred, you will not get a replacement.
- Sac and Fox Nation Education Department is not responsible if headphones are not compatible to student device, that responsibility relies on Parent/Guardian to check equipment compatibility requirements.

PLEASE FILL OUT THE FOLLOWING INFORMATION, SIGN THE FORM AND HAVE IT RETURNED TO THE SAC AND FOX EDUCATION DEPARTMENT.

Equipment Make/Model (MICROSOFT OR JABRA EVOLVE 65 HEADPHONES)

Print Name

Signature

Date