



Educational Service Center
Jen Gomez
Director of Student Services and Equity Education
 627 4th Street Sioux City, Iowa 51101
 Phone: (712) 279-6753 Fax: (712) 279-6670
 www.siouxcityschools.org

Date: _____

To: JOM PROGRAM – Attention: Diane LaPointe, Santee Sioux Tribe

From: Sioux City Schools JOM Program

I, _____, am requesting reimbursement for my student(s):
 (Print parent or guardian’s name)

1) _____ grade _____ 2) _____ grade _____
 (Print student’s full name)

3) _____ grade _____ 4) _____ grade _____
 (Print student’s full name)

Check all that apply (original receipts are attached):

- ___ PE shoes for PK-5 (\$50 max) Student name: _____
- ___ PE shoes for 6-12 (\$75 max) Student name: _____
- ___ Academic costs/fees (\$100 max) Student name: _____
- ___ Extracurricular programs for grades 6-12; up to ½ cost Student name: _____

Basketball ___ Track ___ Wrestling ___ Volleyball ___ Football ___ Softball ___
 Baseball ___ Soccer ___ Dance Squad ___ Swimming ___ Tennis ___ Choir ___

- ___ Cheerleading or band uniforms for grades 9-12 up to ½ cost Student name: _____
- ___ Driver’s Education for grades 9-12 up to ½ cost Student name: _____
- ___ Cap and Gown-12th grade up to \$50 Student name: _____
- ___ Graphing calculator up to \$50 Student name: _____
- ___ ACT/SAT Fees up to \$50 Student name: _____
- ___ Field trip expenses up to \$40 Student name: _____
- ___ Band instrument rental, books and stand up to \$40 a month Student name: _____
- ___ Preschool Registration Fee \$25 Student name: _____
- ___ Summer School Expenses/Fees up to \$150: Student name: _____

My current address is: _____ Total amount requested: _____

My current phone number: _____

I have agreed to have the check sent to the Sioux City Schools JOM Program at 627 4th Street, Sioux City, IA 51101

PLEASE NOTE: Student’s CIB must be attached and receipts turned in before the last day of school.

Parent or Guardian

Date

2016-2017