

Special Request for KIT Assistance (Granted Wishes, HSSP, WA KIT)

1. Date of request _____

2. Student Name (First Last) _____

3. Student ID _____

4. Is this student an Unaccompanied Homeless Youth?

Yes

No

Maybe

5. Your name, phone extension, email address:

6. Building/School _____

7. Item Requested (Be as specific as possible)

8. Item Cost _____

9. How to make purchase (check all that apply)

- ☐ Check (include in special instructions who and where to mail it to)
- ☐ Credit Card (include in special instructions how to process/web link for item)
- ☐ ASB reimbursement (approve through your treasurer)

10. Special Instructions (web link, size, color, etc...)

11. Date needed _____

12. Any Delivery Instructions or other notes?

Please complete this form and scan to the KIT office for approval and processing
aperusse@everettsd.org cc gkey@everettsd.org.
Call if you have questions: 425-385-4032.