

Santee School District
Lorene Foster Children's Fund

Request # _____

Requisition for Assistance

Date: _____

Child: _____

Date of Birth: _____

School: _____

Grade: _____

Parents: _____

Home Phone: _____

Address: _____

Work Phone: _____

City / State / Zip Code: _____

Referred by: _____

Concerns:

Services Needed:

Received by Health Clerk: _____ (signature)

Approved by Principal: _____ (signature)

Mail this completed Acquisition for Assistance to the Pupil Services Department

(Office Use Only)

Action: Issue a check to: _____

Amount of Check: \$ _____ for _____

Lorene Foster Fund - Acct. # 03-00-0000-433-0000-3140-4300-001-070

Approved by Business Services

Authorized By: _____ Date: _____

Services Followed Up: _____ Date: _____