Office Location: 1701 Exchange Ave Phone: 405.587.0355 Mailing Address: P.O. Box 36609 Oklahoma City, OK 73108 Fax: 405.587-1443 Oklahoma City, OK 73136

JOM Calculator Application

PARENTS: To apply for a calculator, your student will need to be eligible to receive JOM services through our program. The application will need to be completed and returned; in person or by email, fax or mail to the any of the addresses above.

| Semester: Fall 22 S | pring 23 | Students may only | apply once/academic year. | |
|---|-------------------------------|-------------------------------|-------------------------------------|--|
| Student Name: | | | Date: | |
| School: | | ID #: | Grade: | |
| Student Email: | | Student F | Student Phone #: | |
| Parent/Guardian Name: | | | | |
| Parent Email Address: | ress:Parent Phone #: | | | |
| I hereby certify that all of the above i abuse any assistance from NASS JOM | | | | |
| Parent/Guardian Signature | | | Date | |
| Calculator Information: To be | | | | |
| Calculator Description (model, | brand, etc.), <mark>No</mark> | OTE: Price not to exceed | \$100.00 | |
| Is this a Scientific Calculator? _ | What o | class is this needed for?_ | | |
| Math Class Teacher must sign in order of calculator is needed. | er to confirm stud | ent's enrollment in the class | and to verify and approve what type | |
| Math Teacher's Name (please print) | | Math Teache | r's email | |
| Math Teacher's Signature | | | | |