



# COVID-19 CARES Act- Student Hotspot Request Form

Directions: Please complete the form below. **PLEASE PRINT!**

Student First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Tribal ID # (Student): \_\_\_\_\_

Enrolled Student's School Name & Address:

(Please include student's proof of enrollment with form submission)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Student or Parent/Guardian: \_\_\_\_\_