

**TAOS MUNICIPAL SCHOOL DISTRICT
INTERNET/HOTSPOT REFERRAL FORM**

Date_____

School_____

Student/Staff Name_____ Grade_____

Parent/Guardian Name_____

Physical Address_____

City_____ State New Mexico

Phone number *include area code*_____

How many members in your household ages 5-18 needing internet including yourself? _____

Who is your current internet provider? _____

Are you needing assistance in paying for internet? YES NO

Notes: _____

Referred By_____ Phone number_____

Office use

TMSD provided hotspot YES NO Date_____

TMSD referred to Kit Carson Date_____

Student/Staff was connected by Kit Carson Date_____

Entered in PS YES NO

Completed by _____ Date_____