



Sisseton Wahpeton Oyate Johnson-O'Malley Program

PO Box 509, Agency Village, South Dakota 57262

Office: 605-698-7604 Fax: 605-698-7612

Date: _____

Grade: _____

Student Name: _____

School: _____

Date of Birth: _____

Gender: _____

Tribe: _____

District: _____

In order for your student to be part of the SWOJOM Program a copy of an enrollment card or a certificate of enrollment must be attached to this form.

Eligibility:

1. Student must be enrolled with a federally recognized tribe. (Federal tribes whose citizenship is determined by lineage may have less than a 1/4 degree)
2. Students from Pre K to 12th grades except those that are enrolled in Bureau or Sectarian operated schools, shall be eligible for benefits.
3. Student should provide a copy of their tribal enrollment with this application.
4. Application must be correctly filled-out with correct documentation or forms will not be accepted as proper documentation.

Home address: _____

Phone: _____

Cell: _____

Email Address: _____

Print Parent/Guardian

Signature of Parent/Guardian