

# Old Agency District

45644 Veterans Memorial Drive ~ PO Box 766 ~ Agency Village SD 57262

Phone: (605) 698-7747 ~ Fax: (605) 698-4216

## SCHOOL CLOTHES APPLICATION

	Print Name of Child(ren)	Date of Birth	Grade	School Name
1				
2				
3				
4				
5				
6				

On behalf of the above child(ren), I hereby:

1. State the above child(ren) is and/are enrolled member(s) of the Sisseton-Wahpeton Oyate.
2. State the above child(ren) is a/are registered with the Old Agency District.
3. Submit proof of head start enrollment if child(ren) is/are attending head start.
4. If you are not the parent, you MUST attach a current court order stating that you have custody of the above named child/children. No exceptions.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Approved By	Disapproved By	Reason if Disapproved
Date Check Issued	Check Number	Amount