

HEIPA DISTRICT YOUTH SCHOOL CLOTHES APPLICATION 2019-2020 School Year

Please Print

Parent/Guardian: _____ Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

STUDENT NAME	SCHOOL ENROLLED	GRADE

MUST ATTACH AN ACCEPTANCE LETTER FROM THE SCHOOL THEY ARE ATTENDING WITH THE APPLICATION.

Child(ren) listed above must be in Legal and Physical custody of the parent/guardian submitting application. Child(ren) must be enrolled with SWO and Heipa Youth and be less than 19 years of age and enrolled in school. We will abide by all court orders and custody papers.

Anyone receiving assistance from another district will be responsible for repayment and will not receive youth assistance in the future.

Signature of Parent/Guardian: _____ Date: _____

All applications must be turned into the Heipa District Coordinator:

Address: P.O. Box 223, Veblen SD 57270

Fax: 605-738-2379