DATE RECEIVED:

Parent/Guardian:

**Enrollment/Registration Verified:** 

## Sisseton Wahpeton Oyate

## Big Coulee Youth | Siceca Iyakaptapi

## 2023-2024 School Clothes Assistance Application

P.O. Box 825 Agency Village, SD, 57262

Email: siceca.iyakaptapi@gmail.com or bcdcoordinator79@gmail.com

Phone:

## All documents required to receive School Clothes Assistance

Application Date:

**Check Number:** 

**Date Approved:** 

Mailing Add	dress:				
Youth Full Name		Scho	ool Name	Date of Birth	Grade
1					
2					
3					
4					
5					
6					
	he above youth, I hereby:				
2: All app	he above youth are enrolled men licants must submit proof of regis t Custody order and/or emergend	stration from Pre-K/Head S	tart to High School.	d with Big Coulee Dist	rict.
CIRCLE ONE:	PICK UP IN PERSON	SENT IN MAIL	PICK UP BY RELAT	TIVE:	
arent/GuardianSignature:			Date:		
WHEN COMP	LETED, PLEASE TURN IN AT D	DISTRICT DROP BOX/CO	ORDINATOR, OR TO Y	OUTH BOARD FOR A	APPROVAL,
THEN THEY V	VILL SUBMIT TO DISTRICT EX	ecutives for CHECK P	Rocessing. Thank 1	YOU FOR YOUR PAT	ience!
	ly:				

**Date Received:**