

Ph:1-605-694-2874

Lake Traverse District

Fax:1-605-694-2876

PO Box 56

Sisseton,SD.57262

APPLICATION FOR SCHOOL CLOTHES

Email:bdehdakinyan1@yahoo.com

PARENTS _____

DISTRICT AFFILIATION _____

MOTHER: _____

FATHER: _____

GAURDIAN: _____

ADDRESS: _____

TELEPHONE: _____

If any of the parent of the child(ren) is not a member of the lake traverse district, Then proof has to be shown who has guardianship and/or legal custody of said Child(ren). The other district will be contacted for verification. FILL COMPLETELY

NAME (S) OF CHILD(REN)	DOB	GRADE	SCHOOL
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			

District Use Only

Date Approved _____ Amount _____ Check # _____

Issued To _____