

Sisseton Wahpeton Oyate Johnson-O'Malley Program

PO Box 509, Agency Village, South Dakota 57262

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:	
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