RST School Clothing Incentive Application SY 2023-2024

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Date:	Comm	Community:				
On Reservation	Off Res	ervation _				
Parent/Guardian Name:						
Address:						
Phone Number:						
Student Name	DOB:	School	ol Name		Grade	Enrollment #
Office Use Only:		'				
Documents			YES	NO	Staff Sig	gnature
Tribal Enrollment						
School Enrollment						
Custody Docs (if applicable	e)					
Check Received by						
Mailing Date & by						