



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: _____

Print Parent/Guardian Name	Parent/ Guardian Signature

Eligibility:

1. Students must be enrolled with a federally recognized tribe or a lineal descendant.
2. Students must attach a copy of their enrollment verification and/or copies of Birth Certificates to verify that they are lineal descendants.
3. Students from Pre-K to 12th grade.
4. Applications must be entirely filled-out with all correct enrollment verification to be accepted. Applications will need to be updated every school year.

Home Address: _____ Phone: _____

_____ Cell: _____

Email Address: _____

In order for your student to be a part of the SWOJOM Program, they must be enrolled in Browns Valley,
Sisseton, Waubay or Wilmot Schools and provide enrollment documentation.
(enrolled and lineal descendants)